

EXhibit-G

# Ream 2 of 2

291 (501 to 791) of 791 pages

Civil Action No. 18-924



**Request #16045126**

**OLUTOKUNBO EFUNNUGA**

Procedure to Be Performed: Left ThoracentesisUnit Procedure Performed: DR

Nurse/Technologist to complete with check mark or N/A

<b>(1) Pre-Procedure Verification</b>				
<input checked="" type="checkbox"/> Patient/Patient Representative has confirmed:	*identity	*site	*procedure	*consent
<input checked="" type="checkbox"/> Is Patient on Anticoagulation Therapy	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes; Type:	<u>Clavix</u>	
<input type="checkbox"/> Physician Notified	<u>Dr. Ben</u>	Date/Time:	<u>10/20/16</u>	
<input checked="" type="checkbox"/> Surgical/Procedural site initiated by physician				N/A <input type="checkbox"/>
<input checked="" type="checkbox"/> H&P Completed within 30 days of procedure				N/A <input type="checkbox"/>
<input checked="" type="checkbox"/> H&P Updated within 24 hrs of admission or registration				N/A <input type="checkbox"/>
<b>DOES PATIENT HAVE A :</b>				
Known allergy? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> Implants, devices and special equipment available and functioning?				N/A <input type="checkbox"/>
Participants: <u>Dr. Ben</u>				
Nurse/Technologist Signature: <u>[Signature]</u>				
<b>(2) "Time Out" Verification before incision/start of procedure</b>				
<b>"Time Out" Suspend All Activities</b>				
Primary Procedure: _____				
<input checked="" type="checkbox"/> Confirm all team members have introduced themselves by name and role				
Participants: _____				
<input checked="" type="checkbox"/> Entire procedure team verbally confirms.	*patient	*site	*procedure	
<input checked="" type="checkbox"/> Proceduralist Reviews: What are the critical or unexpected steps, operative duration, anticipated blood loss?				
<input checked="" type="checkbox"/> Nursing Team Reviews: Has sterility been confirmed? Are there any patient-specific concerns?				
<input type="checkbox"/> Antibiotic infused/ing and redosing discussed, if applicable				N/A <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Relevant images and results properly labeled and correctly displayed, if applicable				N/A <input type="checkbox"/>
Fire Risk: <input checked="" type="checkbox"/> (1) Low <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) High <input type="checkbox"/> (4) N/A				
"Time Out" Time: <u>15:07</u> Date: <u>10/20/16</u>				
Nurse/Technologist Signature: <u>[Signature]</u>				

**(3) Debriefing****NURSE VERBALLY CONFIRMS WITH THE TEAM:**

- ☒ Review specimens and how each is labeled, if applicable
- ☒ Discuss equipment/instrument problems to report and case improvements
- ☒ Entire Team reviews the key concerns for recovery and further management of this patient

Participants: Dr. BenNurse/Technologist Signature: [Signature]

 **Mercy Fitzgerald Hospital**  
A member of Mercy Health System

BEDSIDE PROCEDURE CHECKLIST



Page 1 of 1  
Form # bedside, Rev. 08/2016  
SUR\_XPRECHKLIST

EFUNNUGA, OLUTOKUNBO  
DOB: 03/06/1979 37 M  
ADM: 10/07/16  
ACC: FA1307223089 MR: F001250247



[illegible]

Physician: Dr. Berg

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**STANDARD INFORMATION**

## Surgical / Invasive Procedure Site Verification

## Location of Procedure

☐ Operating Room ☒ Interventional Radiology ☐ Endoscopy Suite ☐ Cardiac Cath Lab ☐ Other

## Verification #1

Date 10/20/16 Time 2P ☒ SPU ☒ Nursing Unit ☐ ED ☐ Other \_\_\_\_\_  
Allergies none

Verified correct patient

Verified correct site: ☐ Left ☒ No Laterality ☐ Right ☐ Bilateral Level \_\_\_\_\_

Verified correct procedure as stated by patient/family/guardian

Verified operative consent accurately completed and signed

RN/Technician Signature [Signature] Any discrepancy call physician

## Verification #2

Site Verification and Marking  
Holding Area/Pre-Procedure AreaDate \_\_\_\_\_ Time \_\_\_\_\_

Verified correct patient

Verified correct procedure

Verified all relevant documents are available and matched to the patient's identifiers

Verified operative consent accurately completed and signed

Verified correct diagnostic and radiology test results are available and properly labeled

Proceduralist marked: Site \_\_\_\_\_ ☐ Left ☐ No Laterality ☐ Right ☐ Bilateral Level \_\_\_\_\_

Verified blood products, equipment/implants or special equipment are available, labeled and matched to patient's identifiers appropriate

RN/Technician Signature \_\_\_\_\_ Any discrepancy call physician

## Verification #2

## Final Verification (Patient is on procedure table)

Date \_\_\_\_\_ Time "Final Time Out" \_\_\_\_\_

Attending Proceduralist verified correct patient

Procedure consent is accurate and signed

Correct side and site marking visible after draping and confirmed

All in agreement of procedure to be done

Correct patient positioning

Radiographic images and results are properly labeled and displayed as appropriate

Antibiotic administered prior to incision as appropriate

Fluids for irrigation available if appropriate

Safety precautions addressed as appropriate (allergies /implants)

Sequential device present as appropriate

Surgical/Procedure Team Confirms - "Does anyone have any questions or concerns before proceeding?" "Is everyone in agreement?"

Signature RN Technician \_\_\_\_\_ Additional procedure "Time Out" if applicable \_\_\_\_\_

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SURGICAL/INVASIVE PROCEDURE SITE VERIFICATION



Page 1 of 1  
Form NS552, Rev. 01/08/09  
SUR.X.TIMEOUT

EFUNNUGA, OLUTOKUNBO  
DOB: 03/06/1979 37Y M  
Adm: 10/7/2016  
Acc: FA1307223089 MR#: F001250247



## Surgical / Invasive Procedure Site Verification

## Location of Procedure

☐ Operating Room ☒ Interventional Radiology ☐ Endoscopy Suite ☐ Cardiac Cath Lab ☐ Other

Verification #1

Date 10/18/16 Time 12:10 ☐ SPU ☒ Nursing Unit ☐ ED ☐ Other \_\_\_\_\_

Allergies \_\_\_\_\_

Verified correct patient

Verified correct site: ☐ Left ☒ No Laterality ☐ Right ☐ Bilateral Level \_\_\_\_\_

Verified correct procedure as stated by patient/family/guardian

Verified operative consent accurately completed and signed

RN/Technician Signature

Any discrepancy call physician

Verification #2

Site Verification and Marking  
Holding Area/Pre-Procedure Area

Date \_\_\_\_\_ Time \_\_\_\_\_

Verified correct patient

Verified correct procedure

Verified all relevant documents are available and matched to the patient's identifiers

Verified operative consent accurately completed and signed

Verified correct diagnostic and radiology test results are available and properly labeled

Proceduralist marked: Site \_\_\_\_\_ ☐ Left ☐ No Laterality ☐ Right ☐ Bilateral Level \_\_\_\_\_

Verified blood products, equipment/implants or special equipment are available, labeled and matched to patient's identifiers appropriate

RN/Technician Signature

Any discrepancy call physician

Verification #2

Final Verification (Patient is on procedure table)

Date \_\_\_\_\_ Time "Final Time Out" \_\_\_\_\_

Attending Proceduralist verified correct patient

Procedure consent is accurate and signed

Correct side and site marking visible after draping and confirmed

All in agreement of procedure to be done

Correct patient positioning

Radiographic images and results are properly labeled and displayed as appropriate

Antibiotic administered prior to incision as appropriate

Fluids for irrigation available if appropriate

Safety precautions addressed as appropriate (allergies /implants)

Sequential device present as appropriate

Surgical/Procedure Team Confirms - "Does anyone have any questions or concerns before proceeding?" "Is everyone in agreement?"

Signature RN Technician

Additional procedure "Time Out" if applicable

 **Mercy Fitzgerald Hospital**  
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SURGICAL/INVASIVE PROCEDURE SITE VERIFICATION

EFUNNUGA, OLUTOKUNBO

DOB: 03/06/1979 37Y M

Adm: 10/7/2016

Acc: FA1307223089 MR#: F001250247





Procedure to Be Performed: PICC PLACEMENT Unit Procedure Performed: 506  
 Indication for Procedure/Diagnosis: BLOOD DRAWS / LTAB ?

## Time Out Performed Immediately Before Starting the Procedure:

- Verified Correct Patient
- Verified Correct Procedure
- Correct patient positioning
- Correct Side & Site Marked and Visible After Draping and confirmed
- Procedure consent is accurate and signed
- Safety precautions addressed as appropriate
- Availability of special equipment, radiographic images, documents as needed
- All members are in agreement of the procedure to be done
- Procedure Team confirms - "Does anyone have any questions or concerns before proceeding?"  
 "Is everyone in agreement?"

Signature RN/Technician/Physician

Date/Time of time out 10/11/16 4:00p

## Infection Prevention Procedure:

Hand Hygiene:	<u>Antimicrobial Soap &amp; Water</u>	Alcohol Based Hand Rub	Other
Skin Prep:	<u>Chlorhexidine/Alcohol</u>	Other	<u>Allow prep to dry for 2-3 minutes.</u>
Barrier Precautions:	<u>Mask/Eye Shield</u>	<u>Large Sterile Drape</u>	<u>Cap</u>
	<u>Sterile Gown</u>	<u>Sterile Gloves</u>	Other

## Procedure/Central Line Insertion:

- ☐ Single Lumen CV ☐ PA Catheter ☒ ~~Picc-Line~~ ☐ Multi Lumen CV ☐ Dialysis Catheter  
☐ Single Lumen ☐ Dual Lumen

- Procedure/Other: ☐ Arterial Line ☐ Lumbar Puncture ☐ Drain Insertion ☐ Paracentesis  
☐ Chest Tube Insertion ☐ Intubation ☐ Bronchoscopy ☐ Other

- Insertion Site ☐ Subclavian ☐ Jugular ☐ Femoral  
 Location: ☐ Brachial ☒ ~~Basilic~~ ☐ Cephalic ☐ Median Cubital ☐ Other  
 Insertion Side: ☐ Right ☒ ~~Left~~  
 Sedation/Anesthesia: ☒ Local ☐ IV Sedation ☐ General ☐ None ☐ Other

## Procedure Description/Post Procedure Comments:

As per MD order + MAMC policy #5F  
PICC inserted in Doublet cath 43cm Ext. Dcm. (check)  
Specimen will be drawn to PICC tip  
verified by doctor

Estimated Blood Lost: none unless noted

Specimen: none unless noted

Complications/Corrective Action:

Operating Clinician Name (print): Debbie HenneSignature: Debbie HenneDate/Time: 10/11/16Supervising Clinician Name (print): Susan YanySignature: Susan YanyDate/Time: 10/11/16

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INVASIVE PROCEDURE NOTE

EFUNNUGA, OLUTOKUNBO

DOB: 03/06/1979 37Y M

Adm: 10/7/2016

Acc: FA1307223089 MR#: F001250247



EFUNNUGA, OLUTOKUNBO  
 DOB: 03/06/1979 37 M  
 ADM: 10/07/16  
 ACC: FA1307223089 MR: F001250247



Attach this Catheter Maintenance Guide to patient's chart.

Bard Access Systems, Inc.

**PowerPICC**  
 THE UNIVERSAL PICC

## Polyurethane PICC

PowerPICC® Catheter

This patient has a PowerPICC® Catheter

inserted on

by:

10/11/16  
 PICC TEAM

REF: 3275108  
 LOT: REAT1787  
 B: 2017-12-28

(01)00801741000423  
 (17)171228  
 (10)REAT1787



Patient Chart

### When cleaning the exit site:

#### WARNING:

- Do not wipe the catheter with acetone based solutions, or polyethylene glycol containing ointment. These can damage the polyurethane material if used over time.
- Avoid prolonged or excessive contact with alcohol or alcohol containing antiseptics as these are known to degrade polyurethane catheters over time.

#### DO:

- Maintain according to hospital protocol
- Avoid using acetone based solutions, or ointment. These substances are known to degrade polyurethane.
- Use chlorhexidine gluconate and/or povidone iodine to clean the exit site around the catheter
- Allow all cleaning agents/antiseptics to dry completely before applying dressing

#### Catheter Maintenance

Flush each lumen of the catheter with 10 ml saline every 12 hours or after each use. In addition, lock each lumen of the catheter with heparinized saline. Usually, one ml per lumen is adequate.

**BARD**

\* Bard, PowerPICC "The Power of Purple", and the color purple are trademarks and/or registered trademarks of C. R. Bard, Inc. or an affiliate.

Bard Access Systems, Inc.  
 Salt Lake City, UT USA 84116  
 801-595-0700  
 Clinical Hotline 1-800-443-3385  
 Order ng: 1-800-545-0890  
 www.bardaccess.com  
 www.powerpicc.com

0715357 / 0708R

### New Important Information:

- Contrast media should be warmed to body temperature prior to power injection. Warning: Failure to warm contrast media to body temperature prior to power injection may result in catheter failure.
- Vigorously flush the PowerPICC® catheter using a 10 ml or larger syringe and sterile normal saline prior to and immediately following the completion of power injection studies. In addition, lock each lumen of the catheter with heparinized saline. Usually one ml per lumen is adequate. This will ensure the patency of the PowerPICC® catheter and prevent damage to the catheter. Resistance to flushing may indicate partial or complete catheter occlusion. Do not proceed with power injection study until occlusion has been cleared. Warning: Failure to ensure patency of the catheter prior to power injection studies may result in catheter failure.
- Do not exceed the maximum flow rate of 5 ml/sec. Warning: Power injector machine pressure limiting feature may not prevent over pressurization of an occluded catheter, which may cause catheter failure. Warning: Exceeding the maximum flow rate of 5 ml/sec, or the maximum pressure of power injectors of 300 psi, may result in catheter failure and/or catheter tip displacement.
- Warning: PowerPICC® catheter indication for power injection of contrast media implies the catheter's ability to withstand the procedure, but does not imply appropriateness of the procedure for a particular patient. A suitably trained clinician is responsible for evaluating the health status of a patient as it pertains to a power injection procedure.
- Use only lumens marked "Power Injectable" for power injection of contrast media. Warning: Use of lumens not marked "Power Injectable" for power injection of contrast media may cause failure of the catheter.

### Power Injection Procedure:

1. Remove the injection/needleless cap from the PowerPICC® catheter.
2. Attach a 10 ml or larger syringe filled with sterile normal saline.
3. Aspirate for adequate blood return and vigorously flush the catheter with the full 10 ml of sterile normal saline. Warning: Failure to ensure patency of the catheter prior to power injection studies may result in catheter failure.
4. Detach syringe.
5. Attach the power injection device to the PowerPICC® catheter per manufacturer's recommendations.
6. Contrast media should be warmed to body temperature prior to power injection. Warning: Failure to warm contrast media to body temperature prior to power injection may result in catheter failure.
7. Use only lumens marked "Power Injectable" for power injection of contrast media. Warning: Use of lumens not marked "Power Injectable" for power injection of contrast media may cause failure of the catheter.
8. Complete power injection study taking care not to exceed the flow rate limits. Warning: Power injector machine pressure limiting feature may not prevent over pressurization of an occluded catheter, which may cause catheter failure. Warning: Exceeding the maximum flow rate of 5 ml/sec, or the maximum pressure of power injectors of 300 psi, may result in catheter failure and/or catheter tip displacement.
9. Disconnect the power injection device.
10. Replace the injection/needleless cap on the PowerPICC® catheter.
11. Flush the PowerPICC® catheter with 10 ml of sterile normal saline, using a 10 ml or larger syringe. In addition, lock each lumen of the catheter with heparinized saline. Usually one ml per lumen is adequate.





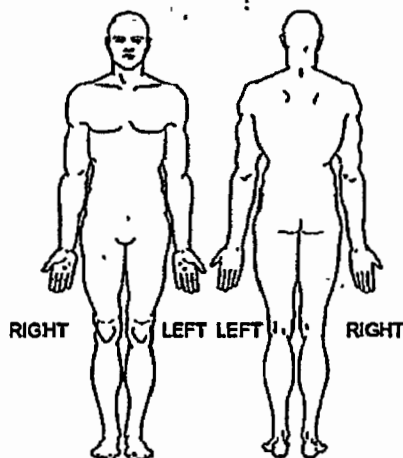
**WARNING:** Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy): Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MR system room. The MR system magnet is **ALWAYS** on.

Please indicate if you have any of the following:

- |                             |                              |   |
|-----------------------------|------------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Aneurism Clips(s)                                       |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Cardiac pacemaker                                       |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Implant cardioverter defibrillator (ICD)                |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Electronic Implant or Device                            |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Magnetically-activated implant or device                |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Neurostimulation system                                 |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Spinal cord stimulator                                  |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Internal electrodes or wires                            |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Bone growth/bone fusion stimulator                      |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Cochlear, otologic, or other ear implant                |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Insulin or other infusion pump                          |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Implanted drug infusion device                          |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Any type of prosthesis (eye, penile, etc.)              |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Heart valve prosthesis                                  |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Eyelid spring or wire                                   |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Artificial or prosthetic limb                           |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Magnetic stent, filter, or coil                         |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Shunt (spinal or intraventricular)                      |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Vascular access port and/or catheter                    |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Radiation seeds or implants                             |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Swan-Ganz or thermodilution catheter                    |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Medication patch (Nicotine, Nitroglycerine)             |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Any metallic fragment or foreign body                   |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Wire mesh implant                                       |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Tissue expander (e.g., breast)                          |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Surgical staples, clips, or metallic surfaces           |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Joint replacement (hip, bones, etc.)                    |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Bone/joint pin, screw, nail, wire, plastic, etc.        |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | IUD, diaphragm, or pessary                              |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Dentures or partial plates                              |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Tattoo or permanent makeup                              |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Body piercing jewelry                                   |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Hearing aid (Remove before entering the MR system room) |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Other implant _____                                     |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Breathing problem or motion disorder                    |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Claustrophobia  |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Wireless endoscopic camera                              |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Deep brain stimulation                                  |

**AN MRI CANNOT BE PERFORMED  
IF THE PATIENT HAS:  
ANEURYSM CLIP(S)  
CARDIAC PACEMAKER**

Please mark on the figure(s) below the location of any implant or metal inside of or on your body.



### IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beepers, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paper clips, money clips, credit cards, bank cards, magnetic strip cards, cords, pocket mike, nail clipper, tools, clothing with metal fasteners and clothing with metal threads.

Please consult the MRI Technologist or Radiologist if you have any questions or concerns BEFORE you enter the MR system room.

NOTE: You will be required to wear earplugs during the MR procedure.

### MAGNETIC RESONANCE IMAGING HISTORY & ASSESSMENT

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? ☐ No ☐ Yes  
If yes, please indicate the date and type of surgery:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of surgery \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of surgery \_\_\_\_\_

Please turn over to continue

### MAGNETIC RESONANCE IMAGING HISTORY & ASSESSMENT

**Mercy Fitzgerald Hospital**  
A member of Mercy Health System

MAGNETIC RESONANCE IMAGING HISTORY AND ASSESSMENT

EFUNNUGA, OLUTOKUNBO

DOB: 03/06/1979 37Y M

Adm: 10/7/2016

Acc: FA1307223089 MR#: F001250247





2. Have you had prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)? ☐ No ☐ Yes  
 If yes, please list: 

Body part	Date	Facility
MRI	____/____/____	_____
CT/CAT Scan	____/____/____	_____
X-Ray	____/____/____	_____
Ultrasound	____/____/____	_____
Nuclear Medicine	____/____/____	_____
Other	____/____/____	_____
3. Have you ever experienced any problem related to a previous MRI examination or MRI procedure? ☐ No ☐ Yes  
 If yes, please describe: \_\_\_\_\_
4. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)? ☐ No ☐ Yes  
 If yes, please describe: \_\_\_\_\_
5. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? ☐ No ☐ Yes  
 If yes, please describe: \_\_\_\_\_
6. Are you currently taking or have you recently taken any medication or drug? ☐ No ☐ Yes  
 If yes, please list: \_\_\_\_\_
7. Are you allergic to any medication? ☐ No ☐ Yes  
 If yes, please list: \_\_\_\_\_
8. Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye use for an MRI, CT, or X-ray examination? ☐ No ☐ Yes
9. Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease or seizures? ☐ No ☐ Yes  
 If yes, please describe: \_\_\_\_\_
10. How much do you weight? \_\_\_\_\_
- For female patients:
11. Date of last menstrual period: \_\_\_\_/\_\_\_\_/\_\_\_\_ Post menopausal? ☐ No ☐ Yes
12. Are you pregnant or experiencing a late menstrual period? ☐ No ☐ Yes
13. Are you taking oral contraceptives or receiving hormonal treatment? ☐ No ☐ Yes
14. Are you taking any type of fertility medication or having fertility treatments? ☐ No ☐ Yes  
 If yes, please describe: \_\_\_\_\_
15. Are you currently breast-feeding? ☐ No ☐ Yes

I attest that the above information is correct to the best of my knowledge. I have read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MRI procedure that I am about to undergo.

Signature of Person Completing Form \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_ Time: \_\_\_\_\_  
 Signature

Form Completed by: ☐ Patient ☐ Relative ☐ Nurse: \_\_\_\_\_  
 \_\_\_\_\_  
 Print Name Relationship to Patient

Form Information Reviewed By: \_\_\_\_\_  
 \_\_\_\_\_  
 Print Name Signature

☐ MRI Technologist ☐ Nurse ☐ Radiologist ☐ Other: \_\_\_\_\_

 **Mercy Fitzgerald Hospital**  
 A member of Mercy Health System

**MAGNETIC RESONANCE IMAGING HISTORY AND ASSESSMENT**

**EFUNNUGA, OLUTOKUNBO**  
 DOB: 03/06/1979 37Y M  
 Adm: 10/7/2016  
 Acc: FA1307223089 MR#: F001250247





Mercy Fitzgerald Hospital

## Operating Room Case Record Report

EFUNJUGA, OLUTOKUN

MR. 000515954

Acct #: FA1306093293

DOB: 03/06/1979

DOS: 10/24/2016

37 / M

## Surgeons and Procedures

Physician 1 SHARIFF,HAJI Right VATS decortication

## Preop Assess Holding

Time in Holding: 11:02

Admitted From: Patient Room

Patient Identified: Y	Type and Screen: Y
Verifies operative procedure: Y	Type and Cross: Y
Verifies allergies: Y	Blood Permit: Y
Chart reviewed and complete for relevant documents: Y	CXR: N
Operative Consent Complete and signed: Y	EKG: Y
Anesthesia consent complete and signed: Y	H and P: Y
Blood Work: Y	DVT Protocol: Y

## Site Marking by Attending Physician

Site	Laterality	Level	Procedure(s) as stated by patient/family/guardian
Chest	Right		"they are checking my lungs"

Family in Waiting Room: N

Verified correct diagnostic and radiology test results are available and properly labeled: Y

Verified blood products equipment implants or special equipment are available labeled and matched to patients identifiers as appropriate: Y

Room Ready: Y

RN: KEYSER,ROBIN ,RN

Significant PMH / PSH: HIV +, glaucoma, ETOH withdrawal, rhabadmyolysis, drug overdose

## Mobility

## Assistive Devices

Total Assistance

Level of Consciousness	Other	Psychological	Other	Communication	Other
Other	sedated on vent	Other	sedated on vent	Other	sedated on vent
Skin Appearance	Other	Musculo-skelton	Other		
Cool		ROM limitations			

## Case Start / Personnel

Patient in Room: 11:05	Anesthesia Start: 11:05	ASA Classification: IV	Add On: N
Proc Start Time: 12:20	Anesthesia Type: General Anesthesia		

PreOp Diagnosis: empyema right lung

Staff Role	Staff Name	Time In	Time Out	Time In	Time Out
Circulator	Doherty, Meghan	10:30	11:35	12:05	14:55
Scrub Technician	Walsh, Rachael	10:30	14:55		
Circulator	KEYSER,ROBIN ,RN	11:30	12:05		

Anesthesia Staff  
MALIK, PAVAN  
HIN, DYNOName  
MarcoeRole  
Residents

## Prep / Positioning

Position	Device	Device	Device	Device	Extremity	Extremity Position
Left Lateral	Beachchair Positioner	Pillow	Donut	Lateral Support	Right upper extremity	Armboard
		Gel Rolls			Left upper extremity	Armboard
		Overhead Arm Board				



Mercy Fitzgerald Hospital

## Operating Room Case Record Report

EFFE NUGA, OLUTOKU

MI F000515954

Acct #: FA1306093293

DOB: 03/06/1979

DOS: 10/24/2016

37 / M

Positioned By: MALIK, PAVAN HIN, DYNO SHARIFF, HAJI		Pad Bony Prominences: Y		Safety belt applied and secured: Y	
Skin Prep: Y Skin Prep: Chloraprep					
Hair Removed in OR with Clipper: N			Hair removal 48hrs prior to surgery: N/A		
DURAPREP OR ALCOHOL BASED SOLUTIONS: Y		3 minute dry time/no presence of pooling: Y			
ESU / Tourniquet / Counts					
ELECTROSURGICAL UNIT Y					
ESU # 23775-A	Ground Pad Site Megadyne	Side	Bipolar	Cut 35	Coag 35
TOURNIQUET: N/A					
COUNT: Y	Count	Count Staff 1	Count Staff 2		
	In Count	Doherty, Meghan	Walsh, Rachael		
	Closing Count	Doherty, Meghan	Walsh, Rachael		
	Second Count	Doherty, Meghan	Walsh, Rachael		
	Final Count	Doherty, Meghan	Walsh, Rachael		
Surgeon Notified of Counts: Y		If Counts Unresolved, X-Ray Taken: N/A			
Name of practitioner confirming count: Marcoe					
Fire Risk/Patient Safety					
Surgical site above Xiphoid? Yes = 1		Open oxygen source? No = 0			
Available ignition source? Yes = 1		Fire Risk Scoring: TWO			
<u>Moderate/High Fire Risk Protocol:</u>					
Includes all routine protocols: Y		Use draping tech to minimize O2 concentration: Y			
Minimize electrical surgical unit settings: Y		Encourage use of wet sponges: Y			
Basin of sterile saline or H2O: Y		Anesthesia documents O2 concentration flow: Y			
<u>Surgical Safety Checklist:</u>					
How long will the case take? 2 hours					
What is the anticipated blood loss? 400 ml					
Key concerns for patient recovery/management? no concerns					
Final Verification					
Patient in Room: 11:05	TIME OUT FOR PROCEDURE VERIFICATION: 12:19		Nurse: Doherty, Meghan		
Y	A. Attending Proceduralist verified correct patient				
Y	B. Procedure consent is accurate and signed				
Y	C. Safety Precautions - Allergies read aloud				
Y	Acknowledgement of implant existing devices				
Y	Sterility verified - no specific concerns				
Y	D. Correct patient positioning				
Y	E. Site marking confirmed/correct and visible after patient is draped				
Y	F. Special Equipment				
N/A	G. Radiographic images properly labeled and displayed as appropriate				
Y	H. Implants available/fluids for irrigation available if appropriate				
Y	I. Antibiotics administered prior to incision per anesthesia				
Y	J. SCD present as ordered				
Y	K. Verified all relevant documents are available and matched to the patients identifiers				
Final Site Verification Completed? Y					
Does anyone have any questions or concerns with the procedure or anesthesia? N					
Does anyone have any questions or concerns before proceeding? Is Everyone in agreement? Y					



Mercy Fitzgerald Hospital

## Operating Room Case Record Report

EFFI NUGA, OLUTOKU

MI # F000515954

Acct #: FA1306093293

DOB: 03/06/1979

DOS: 10/24/2016

37 / M

## Meds / X Rays

INTRAOP MEDS ON STERILE FIELD: Medication: Y Administers prescribed meds and solutions: Y

Medication	Dose	Unit	Route	Comment
Bupivacaine w/ Epinephrine 0.5% /30	20	ml	Injection	
ML Single use Marcaine -MPF w EPI				

X-Rays: N/A

## Specimens / Caths / Drains

Catheter Indwelling on Arrival: N/A

Urinary Catheter:	Y	French	Balloon	Type	Ordered By	Inserted By
		16	5cc	Foley		KEYSER, ROBIN, RN

Specimen:	Y	Specimen	Type	Fixative	Comments
		see meditech			

All Specimens Read Back and Verified: Y

Drains/Tubes:	Y	Type	Size	Site
		Chest Tubes	28 f	right lung
			32f	right lung

Packing:	N	Dressings/Casts:	Y	Type	Site
				Dermabond	Chest
				4x4	Chest
				Tegaderm	Chest

## Laser

Laser Used: N/A

## IntraOp Summary

Patient in Room: 11:05	Proc Start Time: 12:20	Anesthesia End: 14:55
Anesthesia Start: 11:05	Proc End Time: 14:20	Patient Out of Room: 14:55
Anesthesia Type: General Anesthesia	Wound Class: IV- Infected	
Transferred To: PACU		

Urinary Catheter: Y	Drains / Tubes: Y	Packing: N
Dressings/Casts: Y	Implant: N	

Post OP Diagnosis: same as preop

Actual Procedure Performed: see header

Complications: N Type:

Evaluates postoperative tissue perfusion: Y	Evaluates for signs of injury due to positioning: Y
Evaluates for signs/symptoms of electrical injury: Y	Evaluates for signs of injury to skin/tissue: Y
Evaluates for signs/symptoms of chemical injury: Y	

## PNDS Outcomes





Mercy Fitzgerald Hospital

## Operating Room Case Record Report

EFUNUGA, OLUTOKUN

MR 000515954

Acct #: FA1306093293

DOB: 03/06/1979

DOS: 10/24/2016

37 / M

<i>Outcome</i>	<i>Status</i>	<i>Staff</i>
The patient has wound/tissue perfusion consistent with or improved from baseline levels established preoperatively.	MET	Doherty, Meghan
The patient is free from signs and symptoms of injury caused by extraneous objects.	MET	Doherty, Meghan
The patient is free from signs and symptoms of chemical injury.	MET	Doherty, Meghan
The patient is free from signs and symptoms of electrical injury.	MET	Doherty, Meghan
The patient is free from signs and symptoms of injury related to positioning.	MET	Doherty, Meghan
The patient receives appropriate medication(s), safely administered during the perioperative period.	MET	Doherty, Meghan

Signature: Doherty, Meghan

Date Time: 10/24/2016 15:00

② H/W  
Physiols.  
Eto H  
delinein  
Khabdo  
Wardens  
302.

DATE: 10.24.16

ANESTHESIA: General

PHYSICIAN: Shadig

PROCEDURE: RU empyema

TIME

TIME

1500	05	10	15	20	25	30	35	40	45	50	55	1600	05	10	15
200															
180															
160															
140															
120															
100															
80															
60															
40															
20															
0															
TEMP	100.5							100.9		101					
O2 SAT	93	93	97	98	97	97	99	98	95	98	97	99	98	100	
ECG	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	

## RESPIRATORY ASSESSMENT

## SKIN ASSESSMENT

## LEVEL OF

## ACTIVITY

## POSITIONING COMFORT

TIME:	APNEA	EUPNEA	DYSYPNEA	DEEP	SHALLOW	EVEN	UNEVEN	ET INT	ORAL / NASAL	CTA	WARM	COOL	PINK	CYANOTIC	DRY	DIAPHORETIC	FULLY AWAKE	AROUSABLE ON CALLING	NON-REACTIVE	EXTREM. MOVES 4	MOVES 2	MOVES 0	SUPINE	SEMI-FOWLERS	LATERAL	COMFORTABLE	RN INITIALS
1500																											
1530																											
1600																											
1615																											

Activity: able to move, voluntarily or on command	Respiration	Circulation	Consciousness	Oxygen saturation	Bleeding
2 Four extremities	2 Able to breathe deeply and cough freely	2 blood pressure within 20% of preoperative level	2 Awake	2 Saturation > 92%	2 None
1 Two extremities	1 Dyspnea, shallow or limited breathing	1 Blood pressure within 21-40% of preoperative level	1 Lethargic	1 Needs oxygen to maintain saturation > 90%	2 Minimal
0 No extremities	0 Apnea	0 Blood pressure > 4% of preoperative level	0 Unresponsive	0 Saturation < 90% with	0 Excessive

Score: 100	*Discharge for score > 9-12	PHYSICIAN'S ORDERS:
		CKmydme @ 1515

O2 Therapy	TIME ON	TIME OFF
100% AC16 100% PEEP5	1500	
ET confirmed placed by Dr. J. Ombra.		

Initials	Signature
CK	Dr. J. Ombra

EFUNNUGA, OLUTOKUNBO  
DOB: 03/06/1979 37 M  
ADM: 10/07/16  
ACC: FA1307223089 MR: F001250247







MIV t

**Mercy Fitzgerald Hospital**      **ANESTHESIA RECORD**      **AN 103 REV (5/10)**  
A member of Mercy Health System



PRE-OP VISIT DATE 12/24/16 AGE 37 HT 5'6" WT 93kg  
 MEDICATIONS

Clonidine  
 Plavix  
 Haldol  
 Risperidone  
 Lorenox (10/11/16)

PREVIOUS ANESTHESIA

Scruph

ALLERGIES

Ø

PATIENT HX ANESTHESIA PROBLEMS

FAMILY HX ANESTHESIA PROBLEMS

SMOKING HX

DRINKING/DRUG HX

COMMENTS:

YES

NO

☐

☒

☐

☒

☒

☐

☒

☐

☐

☐

LAB STUDIES

HGB/HCT

Platelets

SMA-6

Na

Cl

BUN/Creat

133 9.8 15/1.1  
 (5.1) 27 100  
 K CO<sub>2</sub> GLU

INR

PT

Bleeding Time min

Other Lab/Studies

14/12  
 Ethos. @ Sept/June

BP

CXR

EKG

AIRWAY ASSESSMENT

☐ Good ☒ Fair ☐ Poor

Teeth

Neck

Mouth

ASA Physical Status Class

1 2 3 4 5 E

CIRCLE ONE



protruding incisors @

PROCEDURE:

Thoracotomy, VATS

NPO p:

Tube feeds 78° ago

Past Medical History:

Dry Obstruction - polysubstance abuse  
 Glaucoma  
 HIV @  
 E. Risperidone, Sept/June  
 @ TCA, Cocaine, Marijuana

Chronic consolidation - pleural effusion

Mechanical with dental delirium

Pharyngitis - lactic acidosis

EFUNNUGA, OLUTOKUNBO  
 DOB: 03/06/1979 37 M  
 ADM: 10/07/16  
 ACC: FA1307223089 MR: F001250247

Peanesthesia assessment

Lungs: LbL RSP

Cardiac:

Comments:

Spinal @  
 - PCC @

App/Cross @

PLAN

☒ GEN ☐ Spinal ☐ Epidural ☐ MAC ☐ Axillary Block  
☒ Anesthetic Plan, Risks vs. Benefits explained to patient  
 and/or guardian  
☐ A-Line ☐ CVP/Swan ☐ Epidural/Spinal Narcotic  
☐ Pt. Identified

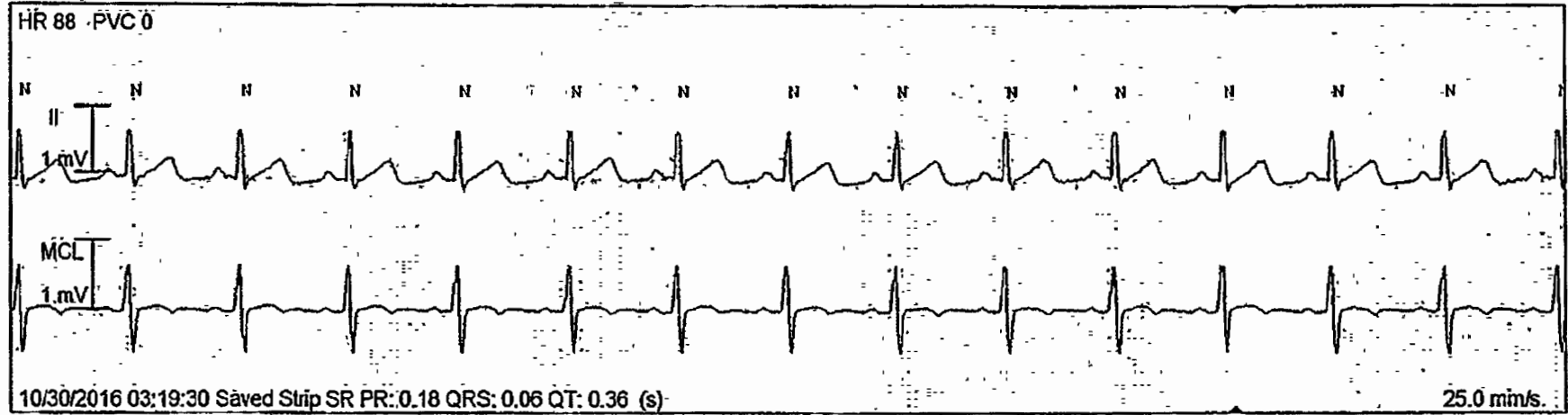
CRNA

MD/DO

Chauhan, Olu

JS6

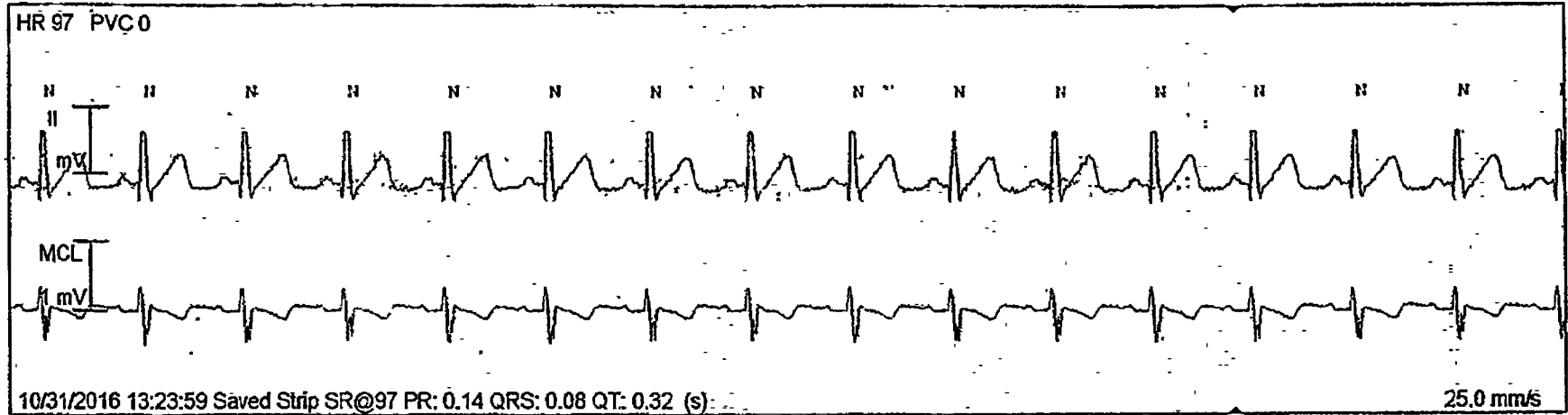
Alarm Review 411-2 EFUNNUGA,O



EFUNNUGA, OLUTOKUNBO  
DOB: 03/06/1979 37 M  
ADM: 10/07/16  
ACC: FA1307223089 MR: F001250247



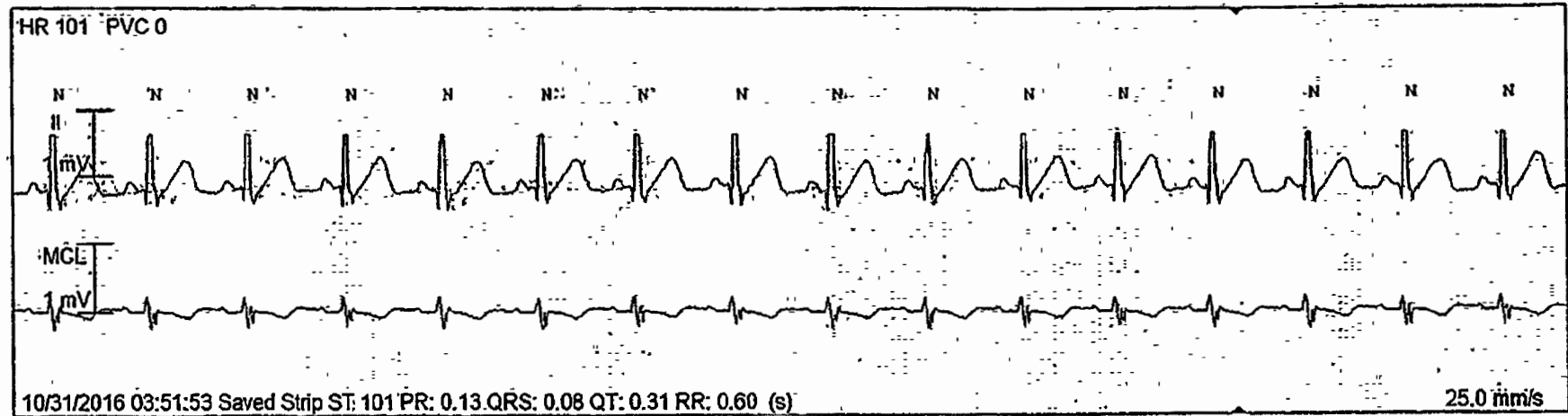
Alarm Review 411-2 EFUNNUGA,O




EFUNNUGA, OLUTOKUNBO  
DOB: 03/06/1979 37 M  
ADM: 10/07/16  
ACC: FA1307223089 MR: F001250247



Alarm Review 411-2 EFUNNUGA,O

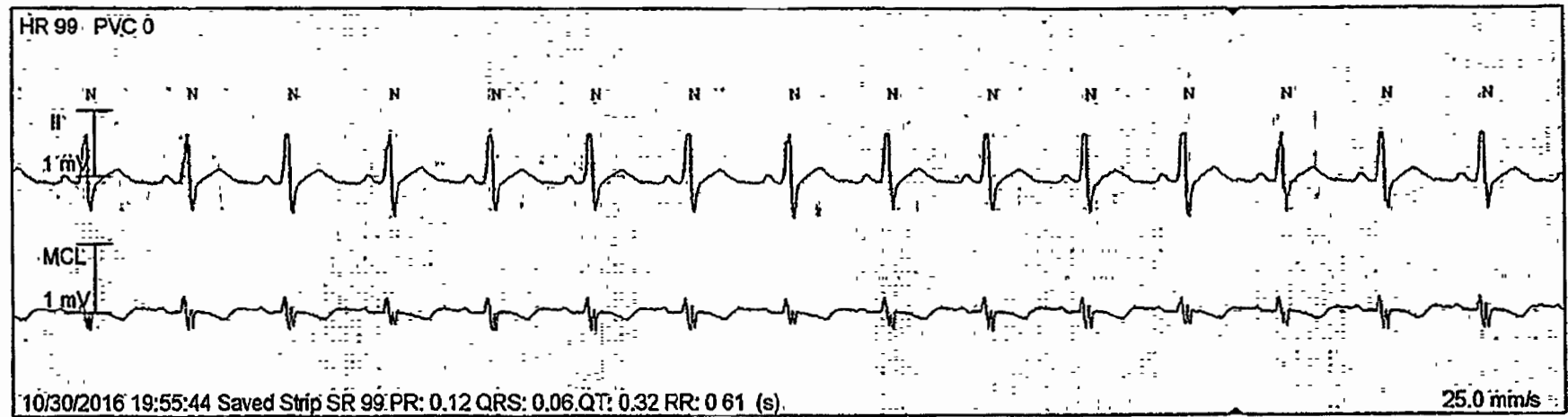


EFUNNUGA, OLUTOKUNBO  
DOB: 03/06/1979 37 M  
ADM: 10/07/16  
ACC: FA1307223089 MR: F001250247



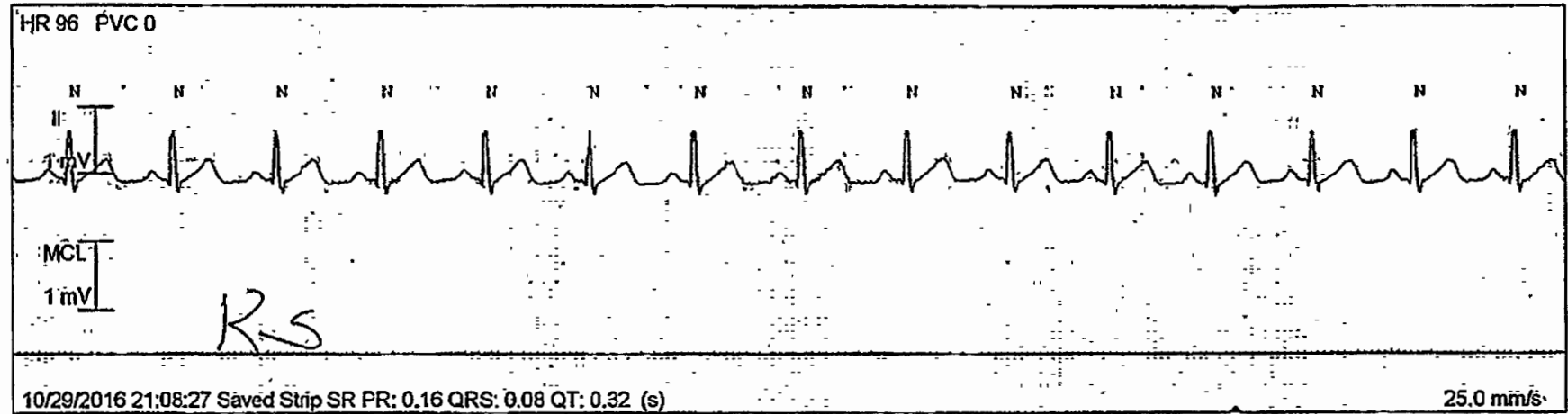


Alarm Review 411-2 EFUNNUGA,O



EFUNNUGA, OLUTOKUNBO  
DOB: 03/06/1979 37 M  
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Alarm Review 411-2 EFUNNUGA,O



EFUNNUGA, OLUTOKUNBO

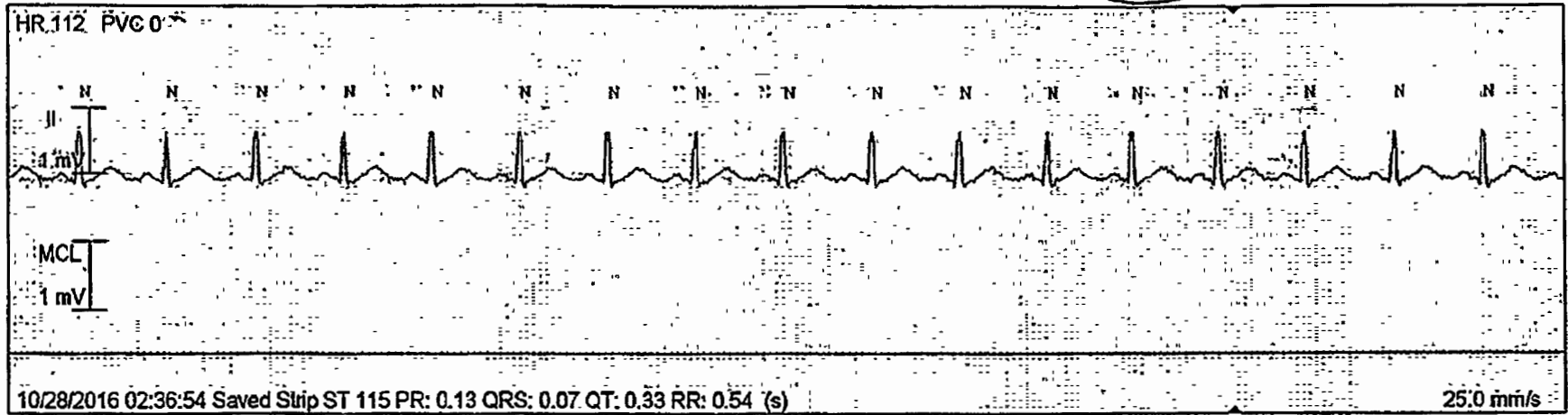
DOB: 03/06/1979 37 M

ADM: 10/07/16

ACC: FA1307223089 MR: F001250247

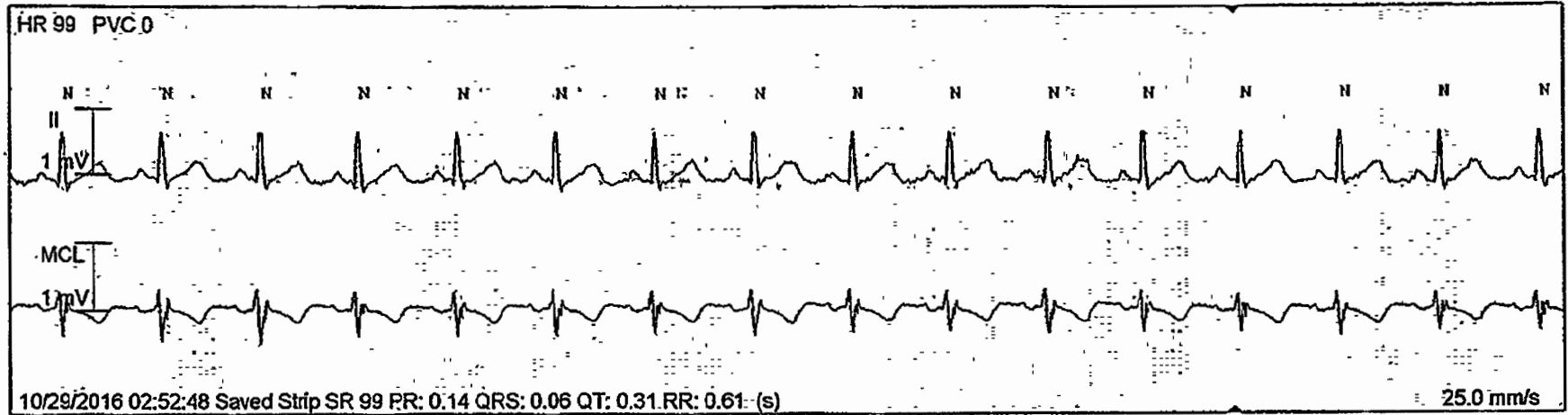


Alarm Review 417-2 EFUNNUGA, O



EFUNNUGA, OLUTOKUNBO  
DOB: 03/06/1979 37 M  
ADM: 10/07/16  
ACC: FA1307223089 MR: F001250247

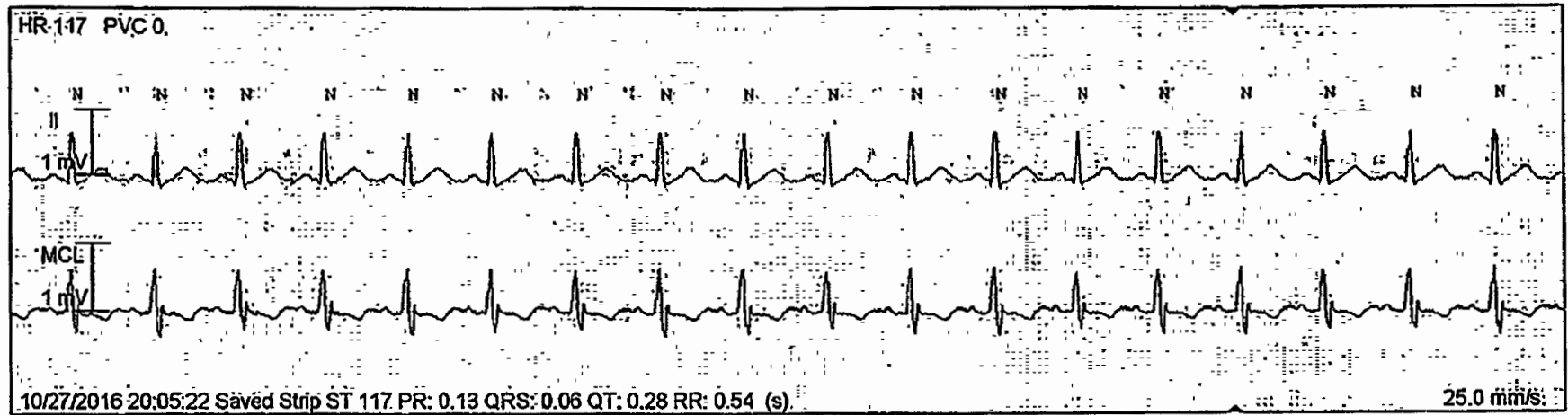
Alarm Review 411-2 EFUNNUGA,O



EFUNNUGA, OLUTOKUNBO  
DOB: 03/06/1979 37 M  
ADM: 10/07/16  
ACC: FA1307223089 MR: F001250247



Alarm Review 417-2 EFUNNUGA,O



EFUNNUGA, OLUTOKUNBO  
DOB: 03/06/1979 37 M  
ADM: 10/07/16  
ACC: FA1307223089 MR: F001250247

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 1  
 USER: MT Medication Administration Summary

Patient EFUNNUGA, OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD  
 Account Number FA1307223089 Location FI4PVA Unit Number F001250247  
 Age/Sex 37/M Room 411 Registered Date 10/07/16  
 Status DIS IN Bed 02 Discharged Date 11/01/16

Height 5 ft 7 in 170.18 cm Body Surface Area 1.92 m2  
 Weight 176 lb 5.92 oz 80 kg  
 Hem-Onc No

#### Transfers

FROM: 417-02 TO: 411-02 on 10/29/16-0045  
 FROM: 506-01 TO: 417-02 on 10/27/16-1314  
 FROM: ERO06-1 TO: 506-01 on 10/07/16-0935

Drug Allergies No Known Allergies

#### ADRS

#### Creatinine Test Results

Date	Time Test	LABORATORY Result	Flag Normal Range
11/01/16	0659 CREA	0.9	0.8-1.4 mg/dL

#### LATA2.5D - LATANOPROST 2.5 ML OPHTHALMIC DROPS

Dose 1 DROP (0.02666667 OPHTHALMIC SOLUTIONS)  
 Admin Route EYE BOTH  
 Start Date 10/09/16-1800 Stop Date None DC Date 11/01/16-2054  
 Ordering Doctor AHANGAR, WASEEM MD  
 Total Dispensed 2 Total Costs \$11.46 Total Charges \$17.50  
 Rx Number 001875485

Discontinue Comments DC'd by Discharge

#### History

10/08/16 2102 - POM ORDER by COAHANGW  
 10/08/16 2113 - VERIFIED by FISPERAR  
 Items Dispensed: 1 Doses Dispensed: 1  
 For: 10/09/16 - 1800  
 10/20/16 2052 - DEBIT by FILINC  
 ITEMS: 1  
 11/01/16 2055 - DISCONTINUE by DISCHARGE Eff: 11/01/16 2054  
 FROM:  
 DC COMMENTS:  
 TO:  
 DC COMMENTS:  
 DC'd by Discharge

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/09/16	1717	FIBRIGHM	Y			1	
(10/09/16) (1800) Dose: 1 DROP							
10/10/16	1840	FIYOUNGS	Y			1	
(10/10/16) (1800) Dose: 1 DROP							

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 2

Patient	EFUNNUGA OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

10/11/16	1909 FIYOUNGS	Y	1
(10/11/16) (1800) Dose: 1 DROP			
10/12/16	2153 FIMCGILM	Y	1
(10/12/16) (1800) Dose: 1 DROP			
10/13/16	1808 FIMCGILM	Y	1
(10/13/16) (1800) Dose: 1 DROP			
10/14/16	1841 FIMCCORJ	Y	1
(10/14/16) (1800) Dose: 1 DROP			
10/15/16	1744 FIBEURKH	Y	1
(10/15/16) (1800) Dose: 1 DROP			
10/16/16	1732 FIBEURKH	Y	1
(10/16/16) (1800) Dose: 1 DROP			
10/17/16	1844 FIMCCARD	Y	1
(10/17/16) (1800) Dose: 1 DROP			
10/18/16	1815 FIBURKEK	Y	1
(10/18/16) (1800) Dose: 1 DROP			
10/19/16	1706 FIDONAHS	Y	1
(10/19/16) (1800) Dose: 1 DROP			
10/20/16	1956 FIDONAHS	Y	1
(10/20/16) (1800) Dose: 1 DROP			
10/21/16	1702 FIDONAHS	Y	1
(10/21/16) (1800) Dose: 1 DROP			
10/22/16	1851 FICAVANM1	Y	1
(10/22/16) (1800) Dose: 1 DROP			
10/23/16	1705 FICAVANM1	Y	1
(10/23/16) (1800) Dose: 1 DROP			
10/24/16	1734 FIYOUNGS	Y	1
(10/24/16) (1800) Dose: 1 DROP			
10/25/16	1644 FIYOUNGS	Y	1
(10/25/16) (1800) Dose: 1 DROP			
10/26/16	1746 FINOGAT	Y	1
(10/26/16) (1800) Dose: 1 DROP			
10/27/16	1907 FIWATSOK	Y	1

DATE: 11/03/16 @ 0002  
USER: MT

Mercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 3

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

(10/27/16) (1800) Dose: 1 DROP

10/28/16 2123 FIKIMJ Y

1

(10/28/16) (1800) Dose: 1 DROP

10/29/16 1616 FIHALLAM Y

1

(10/29/16) (1800) Dose: 1 DROP

10/30/16 1906 FIBLEILA Y

1

(10/30/16) (1800) Dose: 1 DROP

10/31/16 1721 FIMOSLEK Y

1

(10/31/16) (1800) Dose: 1 DROP

Admin Totals

23

DATE: 11/03/16 @ 0002		Mercy Fitzgerald Hospital PHA *LIVE*		PAGE 4	
USER: MT		Medication Administration Summary			

Patient <b>EFUNNUGA OLUTOKUNBO</b>		Responsible Doctor <b>LITTMAN, MARIO, MD</b>			
Account Number	<b>FA1307223089</b>	Location	<b>FI4PVA</b>	Unit Number	<b>F001250247</b>
Age/Sex	<b>37/M</b>	Room	<b>411</b>	Registered Date	<b>10/07/16</b>
Status	<b>DIS IN</b>	Bed	<b>02</b>	Discharged Date	<b>11/01/16</b>

EFUNNUGA, OLUTOKUNBO	FA1307223089	(Continued)
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PROP10VI9 - PROPOFOL 1000 MG/100 ML VIAL - 100 ML

Admin Route IV CONT

Site

Volume 100      Rate 0 MLS/HR      Duration 0 SEC

Frequency .QOM (PRN) PAR= PRN REASON: RASS goal -1/-2

Start Date 10/07/16-0830      Stop Date None      DC Date 10/07/16-1452

Ordering Doctor **BORIKAR, MADHURA S MD**

Last Bag 0

Total Dispensed 1      Total Costs \$21.35      Total Charges \$176.00

Rx Number 001873872

Protocol

Condition	Dose/Rate/Route	Instruction
SEDATION	START @5 MCG/KG/MIN	TITRATE TO RASS GOAL
TITRATION IF NEEDED	5 MCG/KG/MIN Q10MIN	
MAXIMUM DOSE 50 MCG/KG/MIN		

Warnings

Type: MAINTENANCE

Range: PROPOFOL (10 MG/1 ML)

Condition: ALL COMMON INDICATIONS

Warnings PROP10VI9: Unable to check dose ranges for MCG/KG/MIN (No Duration).

History

10/07/16 0821 - POM ORDER	by COBORIKM
10/07/16 0829 - VERIFIED	by FIJASINT
10/07/16 1116 - DEBIT	by MBRIGHT
ITEMS: 1      DOSES: 1	
10/07/16 1455 - DISCONTINUE	by COLERMAG      Eff: 10/07/16 1452
EDIT DOCTOR: LERMAN, GABRIEL S DO	
EDIT SOURCE: Provider Source	



DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 5

Patient	EFUNNUGA OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

RING100010 - RINGERS SOLUTION, LACTATED 1,000 ML IV. SOLN - 1,000 ML

## Admin Route IV CONT

## Site

Volume	1,000	Rate	1,000 MLS/HR	Duration	1 HR
Start Date	10/07/16-1015	Stop Date	10/07/16 1114	DC Date	10/07/16-1114
Ordering Doctor	KUMAR, NITISH MD				
Last Bag	0				
Total Dispensed	0	Total Costs \$		Total Charges \$	
Rx Number	001874004				

Discontinue Comments Reached Stop Date

## History

10/07/16 1007 - POM ORDER	by COKUMARNI	
10/07/16 1007 - VERIFIED	by FIREALID	
10/07/16 1114 - DISCONTINUE	by PHABKGJOB	Eff: 10/07/16 1114

FROM:

DC COMMENTS:

TO:

DC COMMENTS:

Reached Stop Date

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/07/16	1012	FIBRIGHM	Y			1	0.00
(10/07/16) (1015) Rate: 1,000 MLS/HR							

Admin Totals

1	0
---	---

DATE: 11/03/16 @ 0002		Mercy Fitzgerald Hospital PHA *LIVE*		PAGE 6	
USER: MT		Medication Administration Summary			

Patient <b>EFUNNUGA OLUTOKUNBO</b>		Responsible Doctor <b>LITTMAN, MARIO, MD</b>			
Account Number	<b>FA1307223089</b>	Location	<b>FI4PVA</b>	Unit Number	<b>F001250247</b>
Age/Sex	<b>37/M</b>	Room	<b>411</b>	Registered Date	<b>10/07/16</b>
Status	<b>DIS IN</b>	Bed	<b>02</b>	Discharged Date	<b>11/01/16</b>

EFUNNUGA, OLUTOKUNBO	FA1307223089	(Continued)
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RING100010 - RINGERS SOLUTION, LACTATED 1,000 ML IV. SOLN - 1,000 ML

Admin Route IV CONT

Site

Volume	1,000	Rate	175 MLS/HR	Duration	5 HR 43 MIN
Start Date	10/07/16-1500	Stop Date	None	DC Date	10/08/16-2300
Ordering Doctor	LERMAN, GABRIEL S DO				
Last Bag	1				
Total Dispensed	0	Total Costs	\$	Total Charges	\$
Rx Number	001874431				

Discontinue Comments Reached Renew Stop Date

History

10/07/16 1458 - POM ORDER	by COLERMAG
10/07/16 1505 - VERIFIED	by FIANDERC
10/08/16 0045 - EDIT	by COGOOCHJ

EDIT DOCTOR: GOOCH, JOHN R MD

EDIT SOURCE: Provider Source

FROM:

SIG: .Q8H

RATE: 125 MLS/HR

DURATION: 8 HR

TO:

SIG: .Q5H43M

RATE: 175 MLS/HR

DURATION: 5 HR 43 MIN

10/08/16 0045 - ADJUST ALL TIMES	by COGOOCHJ
----------------------------------	-------------

FROM: 10/08/16-0700

TO: 10/08/16-0512

10/08/16 1500 - RENEW STOP FILED	by SYSTEM
10/08/16 2300 - DISCONTINUE	by RENEW STOP Eff: 10/08/16 2300

FROM:

DC COMMENTS:

TO:

DC COMMENTS:

Reached Renew Stop Date

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/07/16	1554	FIBRIGHM	Y			1	0.00
(10/07/16) (1500) Rate: 125 MLS/HR							
10/07/16	2153	FIZIMMEC	Y			1	0.00
(10/07/16) (2300) Rate: 125 MLS/HR							
10/08/16	0548	FIZIMMEC	Y			1	0.00
(10/08/16) (0512) Rate: 175 MLS/HR							

DATE: 11/03/16 @ 0002		Mercy Fitzgerald Hospital PHA *LIVE*		PAGE 7	
USER: MT		Medication Administration Summary			
Patient EFUNNUGA OLUTOKUNBO		Responsible Doctor LITTMAN, MARIO, MD			
Account Number FA1307223089		Location FI4PVA		Unit Number F001250247	
Age/Sex 37/M		Room 411		Registered Date 10/07/16	
Status DIS IN		Bed 02		Discharged Date 11/01/16	
EFUNNUGA, OLUTOKUNBO		FA1307223089		(Continued)	
10/08/16 1140 FIBRIGHM Y		1		0.00	
(10/08/16) (1055) Rate: 175 MLS/HR					
10/08/16 1704 FIBRIGHM Y		1		0.00	
(10/08/16) (1638) Rate: 175 MLS/HR					
10/08/16 2115 FIMCDEVD Y		1		0.00	
(10/08/16) (2221) Rate: 175 MLS/HR					
Admin Totals		6		0	

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 8

Patient	EFUNNUGA OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

RING100010 - RINGERS SOLUTION, LACTATED 1,000 ML IV. SOLN - 1,000 ML

## Admin Route IV CONT

## Site

Volume	1,000	Rate	175 MLS/HR	Duration	5 HR 43 MIN
Start Date	10/09/16-0115	Stop Date	None	DC Date	10/10/16-0819
Ordering Doctor	BHARGAVA, SURBHI MD				
Last Bag	0				
Total Dispensed	1	Total Costs	\$1.43	Total Charges	\$40.00
Rx Number	001875584				

## History

10/09/16 0112 - POM ORDER	by COBHARGS	
10/09/16 0123 - VERIFIED	by FISPERAR	
10/09/16 0237 - DEBIT	by FISPERAR	
ITEMS: 1		
10/10/16 0115 - RENEW STOP FILED	by SYSTEM	
10/10/16 0820 - DISCONTINUE	by COBORIKM	Eff: 10/10/16 0819
EDIT DOCTOR: BORIKAR, MADHURA S MD		
EDIT SOURCE: Provider Source		

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/09/16	0309	FIMCDEVD	Y			1	0.00
(10/09/16) (0115) Rate: 175 MLS/HR							
10/09/16	0826	FIBRIGHM	Y			1	0.00
(10/09/16) (0658) Rate: 175 MLS/HR							
10/09/16	1241	FIBRIGHM	Y			1	0.00
(10/09/16) (1241) Rate: 175 MLS/HR							
10/09/16	1829	FIBRIGHM	Y			1	0.00
(10/09/16) (1824) Rate: 175 MLS/HR							
10/09/16	1959	FIMCDEVD	Y			1	0.00
(10/10/16) (0007) Rate: 175 MLS/HR							
10/10/16	0147	FIMCDEVD	Y			1	0.00
(10/10/16) (0550) Rate: 175 MLS/HR							
10/10/16	0659	FIHOKEL	Y			1	0.00
Rate: 175 MLS/HR							

Admin Totals

7

0

DATE: 11/03/16 @ 0002		Mercy Fitzgerald Hospital PHA *LIVE*		PAGE 9	
USER: MT		Medication Administration Summary			

Patient <b>EFUNNUGA OLUTOKUNBO</b>		Responsible Doctor <b>LITTMAN, MARIO, MD</b>			
Account Number	FA1307223089	Location	FI4PVA	Unit Number	F001250247
Age/Sex	37/M	Room	411	Registered Date	10/07/16
Status	DIS IN	Bed	02	Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO	FA1307223089	(Continued)
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SODI15PB - SODIUM PHOSPHATE 12 MMOL/250 ML NSS - 250 ML

**Admin Route IV**

**Site**

<b>Volume</b>	250	<b>Rate</b>	83.333 MLS/HR	<b>Duration</b>	3 HR
<b>Start Date</b>	10/10/16-0830	<b>Stop Date</b>	10/10/16 1429	<b>DC Date</b>	10/10/16-1429
<b>Total Volume to Infuse</b>	500 mls				
<b>Total Bags</b>	2				
<b>Ordering Doctor</b>	BORIKAR, MADHURA S MD				
<b>Last Bag</b>	1				
<b>Total Dispensed</b>	2	<b>Total Costs</b>	\$6.88	<b>Total Charges</b>	\$100.00
<b>Rx Number</b>	001876637				

**Discontinue Comments** Reached Stop Date

**History**

10/10/16 0820 - POM ORDER by COBORIKM

10/10/16 0823 - EDIT by FIANDERC

FROM:

DUPLICATE COMMENT:

TO:

DUPLICATE COMMENT: RPH

10/10/16 0823 - VERIFIED by FIANDERC

Items Dispensed: 1 Doses Dispensed: 1

For: 10/10/16 - 0830

10/10/16 0858 - DEBIT by FIANDERC

ITEMS: 1

10/10/16 1429 - DISCONTINUE by PHABKGJOB Eff: 10/10/16 1429

FROM:

DC COMMENTS:

TO:

DC COMMENTS:

Reached Stop Date

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/10/16	0948	FIHOKEL	Y			1	0.00
(10/10/16) (0830) Rate: 83.333 MLS/HR							
10/10/16	1359	FIHOKEL	Y			1	0.00
(10/10/16) (1130) Rate: 83.333 MLS/HR							
<b>Admin Totals</b>						2	0



DATE: 11/03/16 @ 0002		Mercy Fitzgerald Hospital PHA *LIVE*		PAGE 10	
USER: MT		Medication Administration Summary			

Patient <b>EFUNNUGA, OLUTOKUNBO</b>		Responsible Doctor <b>LITTMAN, MARIO, MD</b>			
Account Number	<b>FA1307223089</b>	Location	<b>FI4PVA</b>	Unit Number	<b>F001250247</b>
Age/Sex	<b>37/M</b>	Room	<b>411</b>	Registered Date	<b>10/07/16</b>
Status	<b>DIS IN</b>	Bed	<b>02</b>	Discharged Date	<b>11/01/16</b>

EFUNNUGA, OLUTOKUNBO	FA1307223089	(Continued)
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RING100010 - RINGERS SOLUTION, LACTATED 1,000 ML IV. SOLN - 1,000 ML

**Admin Route IV CONT**

Site \_\_\_\_\_

Volume 1,000      Rate 200 MLS/HR      Duration 5 HR

Start Date 10/10/16-0830      Stop Date None      DC Date 10/11/16-1514

Ordering Doctor      **BORIKAR, MADHURA S MD**

Last Bag 0

Total Dispensed 0      Total Costs \$      Total Charges \$

Rx Number 001876648

**History**

10/10/16 0820 - POM ORDER      by COBORIKM

10/10/16 0823 - VERIFIED      by FIANDERC

10/11/16 0830 - RENEW STOP FILED      by SYSTEM

10/11/16 1517 - DISCONTINUE      by COKUMARNI      Eff: 10/11/16 1514

EDIT DOCTOR: KUMAR, NITISH MD

EDIT SOURCE: Provider Source

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/10/16	0827	FIHOKEL	Y			1	0.00
(10/10/16) (0830) Rate: 200 MLS/HR							
10/10/16	1400	FIHOKEL	Y			1	0.00
(10/10/16) (1330) Rate: 200 MLS/HR							
10/10/16	1841	FIYOUNGS	Y			1	0.00
(10/10/16) (1830) Rate: 200 MLS/HR							
10/11/16	0155	FIDAMATV	Y			1	0.00
(10/10/16) (2330) Rate: 200 MLS/HR							
10/11/16	0445	FIDAMATV	Y			1	0.00
(10/11/16) (0430) Rate: 200 MLS/HR							
10/11/16	0928	FIHOKEL	Y			1	0.00
(10/11/16) (0930) Rate: 200 MLS/HR							
<b>Admin Totals</b>						6	0

DATE: 11/03/16 @ 0002  
USER: MT

Mercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 11

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

PROP10VI9 - PROPOFOL 1000 MG/100 ML VIAL - 100 ML

**Admin Route IV CONT**

**Site**

Volume	100	Rate	0 MLS/HR	Duration	0 SEC
Frequency	.QOM (PRN) PAR= PRN REASON: Rass -1				
Start Date	10/10/16-2030	Stop Date	None	DC Date	10/14/16-0805
Ordering Doctor	LERMAN, GABRIEL S DO				
Last Bag	0				
Total Dispensed	12	Total Costs	\$256.20	Total Charges	\$2112.00
Rx Number	001877549				

**Protocol**

<u>Condition</u>	<u>Dose/Rate/Route</u>	<u>Instruction</u>
SEDATION	START @5 MCG/KG/MIN	TITRATE TO RASS GOAL
TITRATION IF NEEDED	5 MCG/KG/MIN Q10MIN	
MAXIMUM DOSE 50 MCG/KG/MIN		

**Warnings**

Type: MAINTENANCE  
Range: PROPOFOL (10 MG/1 ML)  
Condition: ALL COMMON INDICATIONS  
Warnings: PROP10VI9: Unable to check dose ranges for MCG/KG/MIN (No Duration).

**History**

10/10/16 2021 - POM ORDER	by COLERMAG
10/10/16 2022 - VERIFIED	by FILINC
10/10/16 2036 - DEBIT	by SYOUNG
ITEMS: 1 DOSES: 1	
10/10/16 2048 - EDIT	by FIYOUNGS
FROM:	
TITRATION DOSE UNITS:	
TO:	
TITRATION DOSE UNITS: MCG/KG/MIN	
10/10/16 2048 - WEIGHT BASED DOSING	by FIYOUNGS
Ordered Rate: 0 MCG/KG/MIN	
Calculated Patient Weight: 93 KG	
(Height: 170.18 CM, Weight: 93 KG, Method: Actual Body Weight)	
Rate: 0 MLS/HR	
10/11/16 0840 - DEBIT	by LHOKE
ITEMS: 1 DOSES: 1	
10/11/16 1853 - DEBIT	by SYOUNG
ITEMS: 1 DOSES: 1	
10/12/16 0038 - DEBIT	by VDAMATO
ITEMS: 1 DOSES: 1	
10/12/16 0815 - DEBIT	by LHOKE

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 12  
 USER: MT Medication Administration Summary

Patient EFUNNUGA, OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD  
 Account Number FA1307223089 Location FI4PVA Unit Number F001250247  
 Age/Sex 37/M Room 411 Registered Date 10/07/16  
 Status DIS IN Bed 02 Discharged Date 11/01/16

EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued)

ITEMS: 1 DOSES: 1  
 10/12/16 1632 - DEBIT by MMCGILL  
 ITEMS: 1 DOSES: 1  
 10/13/16 0119 - DEBIT by VDAMATO  
 ITEMS: 1 DOSES: 1  
 10/13/16 0453 - DEBIT by VDAMATO  
 ITEMS: 1 DOSES: 1  
 10/13/16 1121 - DEBIT by LHOKE  
 ITEMS: 1 DOSES: 1  
 10/13/16 1647 - DEBIT by MMCGILL  
 ITEMS: 1 DOSES: 1  
 10/13/16 2025 - DEBIT by MMCGILL  
 ITEMS: 1 DOSES: 1  
 10/13/16 2030 - RENEW STOP FILED by SYSTEM  
 10/14/16 0541 - DEBIT by VDAMATO  
 ITEMS: 1 DOSES: 1  
 10/14/16 0805 - DISCONTINUE by COBORIKM Eff: 10/14/16 0805  
 EDIT DOCTOR: BORIKAR, MADHURA S MD  
 EDIT SOURCE: Provider Source

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/10/16	2047	FIYOUNGS	Y			1	
COSIGNED BY: FIKRETZJ Rate: 5.58 MLS/HR							
10/11/16	0853	FIHOKEL	Y			1	
COSIGNED BY: FIPOWELL Rate: 8.37 MLS/HR							
10/11/16	1910	FIYOUNGS	Y			1	
COSIGNED BY: FINOGAT Rate: 8.37 MLS/HR							
10/12/16	0105	FIDAMATV	Y			1	
COSIGNED BY: FIBURKEC Rate: 11.16 MLS/HR							
10/12/16	1021	FIHOKEL	Y			1	
COSIGNED BY: FIGILMAD Rate: 11.16 MLS/HR							
10/13/16	0203	FIDAMATV	Y			1	
COSIGNED BY: FICONNOJ Rate: 16.74 MLS/HR							
10/13/16	0502	FIDAMATV	Y			1	
COSIGNED BY: FICONNOJ Rate: 16.74 MLS/HR							
10/13/16	1126	FIHOKEL	Y			1	

DATE: 11/03/16 @ 0002		Mercy Fitzgerald Hospital PHA *LIVE*		PAGE 13	
USER: MT		Medication Administration Summary			
Patient EFUNNUGA, OLUTOKUNBO		Responsible Doctor LITTMAN, MARIO, MD			
Account Number	FA1307223089	Location	FI4PVA	Unit Number	F001250247
Age/Sex	37/M	Room	411	Registered Date	10/07/16
Status	DIS IN	Bed	02	Discharged Date	11/01/16
EFUNNUGA, OLUTOKUNBO		FA1307223089		(Continued)	
COSIGNED BY: FIGILMAD Rate: 16.74 MLS/HR					
10/13/16	1655 FIMCGILM	Y		1	
COSIGNED BY: FIBURKEK Rate: 0 MLS/HR					
10/14/16	0546 FIDAMATV	Y		1	
COSIGNED BY: FIWRIGHC Rate: 8.37 MLS/HR					
Admin Totals				10	



DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 14

Patient	EFUNNUGA OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

DEXM200V - DEXMEDETOMIDINE HCL 200 MCG/2 ML VIAL - 400 MCG (4 ML)  
in SODI100I12 - SODIUM CHLORIDE 0.9% 100 ML IV SOLN - 100 ML

## Admin Route IV CONT

Site			
Volume	104	Rate 0 MLS/HR	Duration 0 SEC
Frequency	.QOM (PRN) PAR= PRN	REASON: RASS goal of 0	
Start Date	10/14/16-0845	Stop Date None	DC Date 10/15/16-1415
Ordering Doctor	LERMAN, GABRIEL S DO		
Last Bag	0		
Total Dispensed	9	Total Costs \$580.86	Total Charges \$4878.00
Rx Number	001881868		

## Protocol

Condition	Dose/Rate/Route	Instruction
START @	0.2 MCG/KG/HR	TO RASS GOAL
RATE CHANGES SHOULD BE	NO > 0.1 MCG/KG/HR	Q 30 MIN
MAX RATE	1.2 MCG/KG/HR	

## Text

MUST BE ORDERED BY AN INTENSIVIST

## Warnings

Type:	MAINTENANCE
Range:	DEXMEDETOMIDINE HCL (200 MCG/2 ML)
Condition:	ALL COMMON INDICATIONS
Warnings	DEXM200V: Unable to check dose ranges for MCG/KG/HR (No Duration).

## History

10/14/16 0846 - POM ORDER	by COLERMAG
10/14/16 0850 - EDIT	by FIANDERC
FROM:	
DUPLICATE COMMENT:	
TO:	
DUPLICATE COMMENT: RPH	
10/14/16 0850 - VERIFIED	by FIANDERC
10/14/16 0851 - DEBIT	by FIANDERC
ITEMS: 1	
10/14/16 0931 - EDIT	by FIHOKEL
FROM:	
TITRATION DOSE UNITS:	
TO:	
TITRATION DOSE UNITS: MCG/KG/HR	
10/14/16 0931 - WEIGHT BASED DOSING	by FIHOKEL
Ordered Rate: 0 MCG/KG/HR	
Calculated Patient Weight: 93 KG	
(Height: 170.18 CM, Weight: 93 KG, Method: Actual Body Weight)	

DATE: 11/03/16 @ 0002		Mercy Fitzgerald Hospital PHA *LIVE*		PAGE 15			
USER: MT		Medication Administration Summary					
Patient EFUNNUGA, OLUTOKUNBO		Responsible Doctor LITTMAN, MARIO, MD					
Account Number	FA1307223089	Location	FI4PVA	Unit Number	F001250247		
Age/Sex	37/M	Room	411	Registered Date	10/07/16		
Status	DIS IN	Bed	02	Discharged Date	11/01/16		
EFUNNUGA, OLUTOKUNBO		FA1307223089		(Continued)			
<p>Rate: 0 MLS/HR</p> <p>10/14/16 1044 - DEBIT by FIANDERC</p> <p>ITEMS: 1</p> <p>10/14/16 1630 - DEBIT by FILINC</p> <p>ITEMS: 1</p> <p>10/14/16 2003 - DEBIT by FILINC</p> <p>ITEMS: 1</p> <p>10/14/16 2310 - DEBIT by FISACKSM</p> <p>ITEMS: 1</p> <p>10/15/16 0243 - DEBIT by FISACKSM</p> <p>ITEMS: 1</p> <p>10/15/16 0437 - DEBIT by FISACKSM</p> <p>ITEMS: 1</p> <p>10/15/16 0845 - RENEW STOP FILED by SYSTEM</p> <p>10/15/16 1012 - DEBIT by FIHARKIE</p> <p>ITEMS: 1</p> <p>10/15/16 1201 - DEBIT by FIHARKIE</p> <p>ITEMS: 1</p> <p>10/15/16 1416 - DISCONTINUE by COZHANGH Eff: 10/15/16 1415</p> <p>EDIT DOCTOR: ZHANG, HONGYU MD</p> <p>EDIT SOURCE: Provider Source</p> <p>10/15/16 1416 - POM COPY AND EDIT by COZHANGH</p> <p>TO: Rx #U001137530</p>							
<u>Admin Date</u>	<u>Time</u>	<u>User</u>	<u>Given</u>	<u>Bag</u>	<u>Reason Code</u>	<u>Items</u>	<u>Charge</u>
10/14/16	0931	FIHOKEL	Y			1	
COSIGNED BY: FIDALISA1							
Rate: 4.83 MLS/HR							
10/14/16	1313	FIHOKEL	Y			1	
COSIGNED BY: FIBOWERA							
Rate: 29.01 MLS/HR							
10/14/16	1651	FIHOKEL	Y			1	
COSIGNED BY: FIBOWERA							
Rate: 29.01 MLS/HR							
10/14/16	2019	FIMCCORJ	Y			1	
COSIGNED BY: FIBURKEC							
Rate: 29.01 MLS/HR							
10/14/16	2337	FIMCCORJ	Y			1	
COSIGNED BY: FIZIMMEC							
Rate: 29.01 MLS/HR							
10/15/16	0306	FIMCCORJ	Y			1	
COSIGNED BY: FISTARRM							
Rate: 29.01 MLS/HR							

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 16

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

Admin Totals

6

RING100010 - RINGERS SOLUTION, LACTATED 1,000 ML IV SOLN - 1,000 ML

Admin Route IV CONT

Site

Volume 1,000

Rate 100 MLS/HR

Duration 10 HR

Start Date 10/14/16-1130

Stop Date None

DC Date 10/15/16-1141

Ordering Doctor AHANGAR, WASEEM MD

Last Bag 0

Total Dispensed 0

Total Costs \$

Total Charges \$

Rx Number 001882114

## History

10/14/16 1131 - POM ORDER

by COAHANGW

10/14/16 1134 - VERIFIED

by FIREALID

10/15/16 1130 - RENEW STOP FILED

by SYSTEM

10/15/16 1142 - DISCONTINUE

by COZHANGH

Eff: 10/15/16 1141

EDIT DOCTOR: ZHANG, HONGYU MD

EDIT SOURCE: Provider Source

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/14/16		1225 FIHOKEL	Y			1	0.00
(10/14/16) (1130) Rate: 100 MLS/HR							
10/14/16		2008 FIMCCORJ	Y			1	0.00
(10/14/16) (2130) Rate: 100 MLS/HR							
10/15/16		0806 FIBEURKH	Y			1	0.00
(10/15/16) (0730) Rate: 100 MLS/HR							

Admin Totals

3

0

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 17

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

DEXM200V - DEXMEDETOMIDINE HCL 200 MCG/2 ML VIAL - 400 MCG (4 ML)  
in SODI100I12 - SODIUM CHLORIDE 0.9% 100 ML IV.SOLN - 100 ML

## Admin Route IV CONT

## Site

Volume	104	Rate	0 MLS/HR	Duration	0 SEC
Frequency	.QOM (PRN) PAR= PRN REASON: RASS goal of 0				
Start Date	10/15/16-1415	Stop Date	None	DC Date	10/16/16-2215
Ordering Doctor	ZHANG, HONGYU MD				
Last Bag	0				
Total Dispensed	8	Total Costs	\$516.32	Total Charges	\$4336.00
Rx Number	001883033				

## Protocol

Condition	Dose/Rate/Route	Instruction
START @	0.2 MCG/KG/HR	TO RASS GOAL
RATE CHANGES SHOULD BE	NO > 0.1 MCG/KG/HR	Q 30 MIN
MAX RATE	1.2 MCG/KG/HR	

## Text

MUST BE ORDERED BY AN INTENSIVIST

## Warnings

Type:	MAINTENANCE
Range:	DEXMEDETOMIDINE HCL (200 MCG/2 ML)
Condition:	ALL COMMON INDICATIONS
Warnings	DEXM200V: Unable to check dose ranges for MCG/KG/HR (No Duration).

Discontinue Comments Reached Renew Stop Date

## History

10/15/16 1416 - POM COPY AND EDIT	by COZHANGH
FROM: Rx #001881868	
10/15/16 1443 - EDIT	by FIJASINT
FROM:	
DUPLICATE COMMENT:	
TO:	
DUPLICATE COMMENT: RPH	
10/15/16 1443 - VERIFIED	by FIJASINT
10/15/16 1523 - EDIT	by FIBEURKH
FROM:	
TITRATION DOSE UNITS:	
TO:	
TITRATION DOSE UNITS: MCG/KG/HR	
10/15/16 1523 - WEIGHT BASED DOSING	by FIBEURKH
Ordered Rate: 0 MCG/KG/HR	
Calculated Patient Weight: 93 KG	
(Height: 170.18 CM, Weight: 93 KG, Method: Actual Body Weight)	



DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 18

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

Rate: 0 MLS/HR

10/15/16 1545 - DEBIT by FIKOPPJ  
ITEMS: 1

10/15/16 1832 - DEBIT by FIJASINT  
ITEMS: 1

10/16/16 0040 - DEBIT by FISACKSM  
ITEMS: 1

10/16/16 0545 - DEBIT by FISACKSM  
ITEMS: 1

10/16/16 0917 - DEBIT by FIHARKIE  
ITEMS: 1

10/16/16 1148 - DEBIT by FIHARKIE  
ITEMS: 1

10/16/16 1415 - RENEW STOP FILED by SYSTEM

10/16/16 1610 - DEBIT by FIJASINT  
ITEMS: 1

10/16/16 1821 - DEBIT by FIJASINT  
ITEMS: 1

10/16/16 2215 - DISCONTINUE by RENEW STOP Eff: 10/16/16 2215

FROM:

DC COMMENTS:

TO:

DC COMMENTS:

Reached Renew Stop Date

Admin Date	Time	User	Given	Baq	Reason Code	Items	Charge
10/15/16	1523	FIBEURKH	Y			1	
COSIGNED BY: FIBRIGHM							
Rate: 29.01 MLS/HR							
10/15/16	2305	FIREVAKN	Y			1	
COSIGNED BY: FIBANGY							
Rate: 29.01 MLS/HR							
10/16/16	1222	FIBEURKH	Y			1	
COSIGNED BY: FIMAXWEM							
Rate: 29.01 MLS/HR							
10/16/16	2210	FIREVAKN	Y			1	
COSIGNED BY: FIIFFRIN							
Rate: 29.01 MLS/HR							

Admin Totals

4

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 19

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Unit Number		Unit Number	F001250247
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

SODI100019 - SODIUM CHLORIDE 0.9% 1,000 ML IV.SOLN - 1,000 ML

## Admin Route IV CONT

## Site

Volume	1,000	Rate	100 MLS/HR	Duration	10 HR
Start Date	10/16/16-1100	Stop Date	None	DC Date	10/17/16-1112
Ordering Doctor	ZHANG, HONGYU MD				
Last Bag	0				
Total Dispensed	0	Total Costs \$		Total Charges \$	
Rx Number	001883698				

## History

10/16/16 1110 - POM ORDER	by COZHANGH
10/16/16 1121 - EDIT	by FIJASINT
FROM:	
DUPLICATE COMMENT:	
TO:	
DUPLICATE COMMENT: RPH	
10/16/16 1121 - VERIFIED	by FIJASINT
10/17/16 1100 - RENEW STOP FILED	by SYSTEM
10/17/16 1116 - DISCONTINUE	by COBORIKM
EDIT DOCTOR: BORIKAR, MADHURA S MD	Eff: 10/17/16 1112
EDIT SOURCE: Provider Source	

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/16/16	1201	FIBEURKH	Y			1	0.00
(10/16/16) (1100) Rate: 100 MLS/HR							
10/16/16	1955	FIREVAKN	Y			1	0.00
(10/16/16) (2100) Rate: 100 MLS/HR							
10/17/16	0444	FIREVAKN	Y			1	0.00
(10/17/16) (0700) Rate: 100 MLS/HR							
Admin Totals						3	0

DATE: 11/03/16 @ 0002  
USER: MT

Mercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 20

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Unit Number	F001250247		
Age/Sex	37/M	Room	411
Registered Date	10/07/16		
Status	DIS IN	Bed	02
Discharged Date	11/01/16		

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

DEXM200V - DEXMEDETOMIDINE HCL 200 MCG/2 ML VIAL - 400 MCG (4 ML)  
in SODI100I12 - SODIUM CHLORIDE 0.9% 100 ML IV.SOLN - 100 ML

**Admin Route IV CONT**

Site			
Volume	104	Rate 0 MLS/HR	Duration 0 SEC
Frequency	.QOM (PRN) PAR= PRN REASON: RAS GOAL OF 0		
Start Date	10/16/16-2300	Stop Date None	DC Date 10/18/16-0700
Ordering Doctor	MALIK, AMMAR M MD		
Last Bag	0		
Total Dispensed	10	Total Costs \$645.40	Total Charges \$5420.00
Rx Number	001884137		

**Protocol**

Condition	Dose/Rate/Route	Instruction
START @	0.2 MCG/KG/HR	TO RASS GOAL
RATE CHANGES SHOULD BE	NO > 0.1 MCG/KG/HR	Q 30 MIN
MAX RATE	1.2 MCG/KG/HR	

**Text**

MUST BE ORDERED BY AN INTENSIVIST

**Warnings**

Type:	MAINTENANCE
Range:	DEXMEDETOMIDINE HCL (200 MCG/2 ML)
Condition:	ALL COMMON INDICATIONS
Warnings	DEXM200V: Unable to check dose ranges for MCG/KG/HR (No Duration).

Discontinue Comments Reached Renew Stop Date

**History**

10/16/16 2252 - POM ORDER	by COMALIA
10/16/16 2305 - EDIT	by FISACKSM
FROM:	
DUPLICATE COMMENT:	
TO:	
DUPLICATE COMMENT: RPH	
10/16/16 2305 - VERIFIED	by FISACKSM
10/16/16 2318 - DEBIT	by FISACKSM
ITEMS: 1	
10/17/16 0238 - DEBIT	by FISACKSM
ITEMS: 1	
10/17/16 0315 - EDIT	by FIREVAKN
FROM:	
TITRATION DOSE UNITS:	
TO:	
TITRATION DOSE UNITS: MCG/KG/HR	
10/17/16 0315 - WEIGHT BASED DOSING	by FIREVAKN

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 21

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

Ordered Rate: 0 MCG/KG/HR

Calculated Patient Weight: 93 KG

(Height: 170.18 CM, Weight: 93 KG, Method: Actual Body Weight)

Rate: 0 MLS/HR

10/17/16 0624 - DEBIT

by FISACKSM

ITEMS: 1

10/17/16 1001 - DEBIT

by FICARSOM

ITEMS: 1

10/17/16 1325 - DEBIT

by FILINC

ITEMS: 1

10/17/16 1648 - DEBIT

by FILINC

ITEMS: 1

10/17/16 2014 - DEBIT

by FILINC

ITEMS: 2

10/17/16 2300 - RENEW STOP FILED

by SYSTEM

10/18/16 0126 - DEBIT

by FISPERAR

ITEMS: 1

10/18/16 0512 - DEBIT

by FISPERAR

ITEMS: 1

10/18/16 0700 - DISCONTINUE

by RENEW STOP Eff: 10/18/16 0700

FROM:

DC COMMENTS:

TO:

DC COMMENTS:

Reached Renew Stop Date

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/17/16	0315	FIREVAKN	Y			1	
COSIGNED BY: FIYOUNGS							
Rate: 29.01 MLS/HR							
10/17/16	0639	FIREVAKN	Y			1	
COSIGNED BY: FIFALKEC							
Rate: 29.01 MLS/HR							
10/17/16	1341	FIMCCARD	Y			1	
COSIGNED BY: FIDALISA1							
Rate: 29.01 MLS/HR							
10/17/16	2042	FIROSSIA	Y			1	
COSIGNED BY: FIMCCORJ							
Rate: 30 MLS/HR							
10/17/16	2343	FIROSSIA	Y			1	
COSIGNED BY: FIMCCORJ							
Rate: 29.01 MLS/HR							
10/18/16	0316	FIROSSIA	Y			1	
COSIGNED BY: FIMCCORJ							
Rate: 30 MLS/HR							

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 22

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

10/18/16 0657 FIROSSIA Y  
COSIGNED BY: FIMCCORJ  
Rate: 30 MLS/HR

1

Admin Totals

7

SODI100013 - SODIUM CHLORIDE 0.45% 1,000 ML IV.SOLN - 1,000 ML

Admin Route IV CONT

Site

Volume 1,000 Rate 100 MLS/HR

Duration 10 HR

Start Date 10/17/16-1115 Stop Date None

DC Date 10/18/16-1915

Ordering Doctor BORIKAR, MADHURA S MD

Last Bag 0

Total Dispensed 0

Total Costs \$

Total Charges \$

Rx Number 001884748

Discontinue Comments Reached Renew Stop Date

## History

10/17/16 1116 - POM ORDER

by COBORIKM

10/17/16 1118 - VERIFIED

by FIREALID

10/18/16 1115 - RENEW STOP FILED

by SYSTEM

10/18/16 1915 - DISCONTINUE

by RENEW STOP Eff: 10/18/16 1915

FROM:

DC COMMENTS:

TO:

DC COMMENTS:

Reached Renew Stop Date

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/17/16	1159	FIMCCARD	Y			1	0.00
(10/17/16) (1115) Rate: 100 MLS/HR							
10/17/16	2109	FIROSSIA	Y			1	0.00
(10/17/16) (2115) Rate: 100 MLS/HR							
10/18/16	0655	FIROSSIA	Y			1	0.00
(10/18/16) (0715) Rate: 100 MLS/HR							
10/18/16	1636	FIBURKEK	Y			1	0.00
(10/18/16) (1715) Rate: 100 MLS/HR							

Admin Totals

4

0



DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 23

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

DEXM200V - DEXMEDETOMIDINE HCL 200 MCG/2 ML VIAL - 800 MCG (8 ML)  
in SODI250I12 - SODIUM CHLORIDE 0.9% 250 ML IV.SOLN - 200 ML

## Admin Route IV CONT

## Site

Volume 208

Rate 0 MLS/HR

Duration 0 SEC

Frequency .QOM (PRN) PAR= PRN REASON: AG - AGITATION

Start Date 10/18/16-0830

Stop Date None

DC Date 10/19/16-1035

Ordering Doctor LOZADA, JAMES A MD

Last Bag 0

Total Dispensed 4

Total Costs \$511.84

Total Charges \$4298.00

Rx Number 001885827

## Protocol

ConditionDose/Rate/RouteInstruction

START @

0.2 MCG/KG/HR

TO RASS GOAL

RATE CHANGES SHOULD BE

NO &gt; 0.1 MCG/KG/HR

Q 30 MIN

MAX RATE

1.2 MCG/KG/HR

Text

MUST BE ORDERED BY AN INTENSIVIST

## Warnings

## Type:

MAINTENANCE

## Range:

DEXMEDETOMIDINE HCL (200 MCG/2 ML)

## Condition:

ALL COMMON INDICATIONS

## Warnings

DEXM200V: Unable to check dose ranges for MCG/KG/HR (No Duration).

## History

10/18/16 0819 - POM ORDER

by COLOZADJ

10/18/16 0821 - EDIT

by FIANDERC

## FROM:

DUPLICATE COMMENT:

## TO:

DUPLICATE COMMENT: RPH

10/18/16 0821 - VERIFIED

by FIANDERC

10/18/16 0821 - DEBIT

by FIANDERC

## ITEMS: 1

10/18/16 0852 - EDIT

by FIGILMAD

## FROM:

TITRATION DOSE UNITS:

## TO:

TITRATION DOSE UNITS: MCG/KG/HR

10/18/16 0852 - WEIGHT BASED DOSING

by FIGILMAD

Ordered Rate: 0 MCG/KG/HR

Calculated Patient Weight: 93 KG

(Height: 170.18 CM, Weight: 93 KG, Method: Actual Body Weight)

DATE: 11/03/16 @ 0002 USER: MT		Mercy Fitzgerald Hospital PHA *LIVE* Medication Administration Summary		PAGE 24			
Patient EFUNNUGA, OLUTOKUNBO		Responsible Doctor LITTMAN, MARIO, MD					
Account Number FA1307223089		Location FI4PVA		Unit Number F001250247			
Age/Sex 37/M		Room 411		Registered Date 10/07/16			
Status DIS IN		Bed 02		Discharged Date 11/01/16			
EFUNNUGA, OLUTOKUNBO		FA1307223089		(Continued)			
<p>Rate: 0 MLS/HR</p> <p>10/18/16 1631 - DEBIT by FILINC</p> <p>ITEMS: 1</p> <p>10/18/16 2044 - DEBIT by FILINC</p> <p>ITEMS: 1</p> <p>10/19/16 0207 - DEBIT by FISPERAR</p> <p>ITEMS: 1</p> <p>10/19/16 0830 - RENEW STOP FILED by SYSTEM</p> <p>10/19/16 1036 - DISCONTINUE by COBORIKM Eff: 10/19/16 1035</p> <p>EDIT DOCTOR: BORIKAR, MADHURA S MD</p> <p>EDIT SOURCE: Provider Source</p> <p>10/19/16 1036 - POM COPY AND EDIT by COBORIKM</p> <p>TO: Rx #U001140252</p>							
<u>Admin Date</u>	<u>Time</u>	<u>User</u>	<u>Given</u>	<u>Bag</u>	<u>Reason Code</u>	<u>Items</u>	<u>Charge</u>
10/18/16	0852	FIGILMAD	Y			1	
COSIGNED BY: FIHOKEL							
Rate: 29.01 MLS/HR							
10/18/16	1144	FIGILMAD	Y			1	
COSIGNED BY: FIDALISA1							
Rate: 29.01 MLS/HR							
10/18/16	1816	FIBURKEK	Y			1	
COSIGNED BY: FICAMPBD							
Rate: 29.01 MLS/HR							
10/19/16	0149	FIROSSIA	Y			1	
COSIGNED BY: FIDAMATV							
Rate: 30 MLS/HR							
10/19/16	0904	FIGILMAD	Y			1	
COSIGNED BY: FIPOWELL							
Rate: 29.01 MLS/HR							
Admin Totals						5	

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 25

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

SODI100013 - SODIUM CHLORIDE 0.45% 1,000 ML IV.SOLN - 1,000 ML

## Admin Route IV CONT

## Site

Volume	1,000	Rate	100 MLS/HR	Duration	10 HR
Start Date	10/18/16-2045	Stop Date	10/19/16 2044	DC Date	10/19/16-2044
Ordering Doctor	MALIK, AMMAR M MD				
Last Bag	0				
Total Dispensed	0	Total Costs \$		Total Charges \$	
Rx Number	001886751				

Discontinue Comments Reached Stop Date

## History

10/18/16 2044 - POM ORDER	by COMALIA	
10/18/16 2045 - VERIFIED	by FISPERAR	
10/19/16 2044 - DISCONTINUE	by PHABKGJOB	Eff: 10/19/16 2044

## FROM:

DC COMMENTS:

## TO:

DC COMMENTS:

Reached Stop Date

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/18/16	2052	FIROSSIA	Y			1	0.00
(10/18/16) (2045) Rate: 100 MLS/HR							
10/19/16	0506	FIROSSIA	Y			1	0.00
(10/19/16) (0645) Rate: 100 MLS/HR							
10/19/16	1452	FIGILMAD	Y			1	0.00
(10/19/16) (1645) Rate: 100 MLS/HR							

Admin Totals

3	0
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DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 26

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

DEXM200V - DEXMEDETOMIDINE HCL 200 MCG/2 ML VIAL - 800 MCG (8 ML)  
in SODI250I12 - SODIUM CHLORIDE 0.9% 250 ML IV.SOLN - 200 ML

## Admin Route IV CONT

Site			
Volume	208	Rate 0 MLS/HR	Duration 0 SEC
Frequency	.QOM (PRN) PAR= PRN REASON: AG - AGITATION		
Start Date	10/19/16-1034	Stop Date None	DC Date 10/20/16-1046
Ordering Doctor	BORIKAR, MADHURA S MD		
Last Bag	0		
Total Dispensed	2	Total Costs \$255.92	Total Charges \$2149.00
Rx Number	001887423		

## Protocol

Condition	Dose/Rate/Route	Instruction
START @	0.2 MCG/KG/HR	TO RASS GOAL
RATE CHANGES SHOULD BE	NO > 0.1 MCG/KG/HR	Q 30 MIN
MAX RATE	1.2 MCG/KG/HR	

## Text

MUST BE ORDERED BY AN INTENSIVIST

## Warnings

Type:	MAINTENANCE
Range:	DEXMEDETOMIDINE HCL (200 MCG/2 ML)
Condition:	ALL COMMON INDICATIONS
Warnings	DEXM200V: Unable to check dose ranges for MCG/KG/HR (No Duration).

## History

10/19/16 1036 - POM COPY AND EDIT	by COBORIKM
FROM: Rx #001885827	
10/19/16 1050 - EDIT	by FIREALID
FROM:	
DUPLICATE COMMENT:	
TO:	
DUPLICATE COMMENT: RPH	
10/19/16 1051 - VERIFIED	by FIREALID
10/19/16 1152 - EDIT	by FIGILMAD
FROM:	
TITRATION DOSE UNITS:	
TO:	
TITRATION DOSE UNITS: MCG/KG/HR	
10/19/16 1152 - WEIGHT BASED DOSING	by FIGILMAD
Ordered Rate: 0 MCG/KG/HR	
Calculated Patient Weight: 93 KG	
(Height: 170.18 CM, Weight: 93 KG, Method: Actual Body Weight)	
Rate: 0 MLS/HR	

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 27

Patient	EFUNNUGA, OLUTOKUNBO		Responsible Doctor	LITTMAN, MARIO, MD	
Account Number	FA1307223089	Location	FI4PVA	Unit Number	F001250247
Age/Sex	37/M	Room	411	Registered Date	10/07/16
Status	DIS IN	Bed	02	Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

10/19/16 1655 - DEBIT	by FILINC	
ITEMS: 1		
10/20/16 0218 - DEBIT	by FISPERAR	
ITEMS: 1		
10/20/16 1034 - RENEW STOP FILED	by SYSTEM	
10/20/16 1046 - DISCONTINUE	by COCHOWDJ	Eff: 10/20/16 1046
EDIT DOCTOR: CHOWDHURY, JUNAD MD		
EDIT SOURCE: Provider Source		
10/20/16 1046 - POM COPY AND EDIT	by COCHOWDJ	
TO: Rx #U001141123		

<u>Admin Date</u>	<u>Time</u>	<u>User</u>	<u>Given</u>	<u>Bag</u>	<u>Reason Code</u>	<u>Items</u>	<u>Charge</u>
10/19/16	1152	FIGILMAD	Y			1	
COSIGNED BY: FIPOWELL							
Rate: 24.18 MLS/HR							
10/19/16	1709	FIDONAHS	Y			1	
COSIGNED BY: FIBRIGHM							
Rate: 19.34 MLS/HR							
10/20/16	0310	FIMCDEVD	Y			1	
COSIGNED BY: FIIFFRIN							
Rate: 19.34 MLS/HR							
<b>Admin Totals</b>						<b>3</b>	



DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 28

Patient	EFUNNUGA OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

SODI100019 - SODIUM CHLORIDE 0.9% 1,000 ML IV.SOLN - 1,000 ML

## Admin Route IV CONT

## Site

Volume	1,000	Rate	100 MLS/HR	Duration	10 HR
Start Date	10/19/16-2330	Stop Date	None	DC Date	10/19/16-2338
Ordering Doctor	PATEL, SANSKRUTI MD				
Last Bag	0				
Total Dispensed	0	Total Costs	\$	Total Charges	\$
Rx Number	001888309				

## History

10/19/16 2320 - POM ORDER	by COPATESA
10/19/16 2330 - EDIT	by FISPERAR
FROM:	
DUPLICATE COMMENT:	
TO:	
DUPLICATE COMMENT: BS	
10/19/16 2330 - VERIFIED	by FISPERAR
10/19/16 2342 - DISCONTINUE	by COKHINEP
EDIT DOCTOR: KHINE, PWINT P DO	Eff: 10/19/16 2338
EDIT SOURCE: Provider Source	

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/19/16	2330	FIMCDEV	N		DC		
(10/19/16) (2330) Rate: 0 MLS/HR							

Admin Totals

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 29

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

SODI100013 - SODIUM CHLORIDE 0.45% 1,000 ML IV.SOLN - 1,000 ML

## Admin Route IV CONT

## Site

Volume	1,000	Rate	100 MLS/HR	Duration	10 HR
Start Date	10/19/16-2345	Stop Date	None	DC Date	10/20/16-1045
Ordering Doctor	KHINE, PWINT P DO				
Last Bag	0				
Total Dispensed	0	Total Costs	\$	Total Charges	\$
Rx Number	001888328				

## History

10/19/16 2342 - POM ORDER	by COKHINEP	
10/19/16 2358 - VERIFIED	by FISPERAR	
10/20/16 1046 - DISCONTINUE	by COCHOWDJ	Eff: 10/20/16 1045
EDIT DOCTOR: CHOWDHURY, JUNAD MD		
EDIT SOURCE: Provider Source		

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/20/16	0013	FIMCDEVD	Y			1	0.00
(10/19/16) (2345) Rate: 100 MLS/HR							

Admin Totals

1 0

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 30

Patient	EFUNNUGA OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

DEXM200V - DEXMEDETOMIDINE HCL 200 MCG/2 ML VIAL - 800 MCG (8 ML)  
in SODI250I12 - SODIUM CHLORIDE 0.9% 250 ML IV SOLN - 200 ML

## Admin Route IV CONT

Site

Volume 208

Rate 0 MLS/HR

Duration 0 SEC

Frequency .QOM (PRN) PAR= PRN REASON: AG - AGITATION

Start Date 10/20/16-1045

Stop Date None

DC Date 10/21/16-1000

Ordering Doctor CHOWDHURY, JUNAD MD

Last Bag 0

Total Dispensed 0

Total Costs \$

Total Charges \$

Rx Number 001888812

## Protocol

ConditionDose/Rate/RouteInstruction

START @

0.2 MCG/KG/HR

TO RASS GOAL

RATE CHANGES SHOULD BE

NO &gt; 0.1 MCG/KG/HR

Q 30 MIN

MAX RATE

1.2 MCG/KG/HR

Text

MUST BE ORDERED BY AN INTENSIVIST

## Warnings

Type:

MAINTENANCE

Range:

DEXMEDETOMIDINE HCL (200 MCG/2 ML)

Condition:

ALL COMMON INDICATIONS

Warnings

DEXM200V: Unable to check dose ranges for MCG/KG/HR (No Duration).

## History

10/20/16 1046 - POM COPY AND EDIT

by COCHOWDJ

FROM: Rx #001887423

10/20/16 1048 - EDIT

by FIREALID

FROM:

DUPLICATE COMMENT:

TO:

DUPLICATE COMMENT: RPH

10/20/16 1048 - VERIFIED

by FIREALID

10/21/16 1001 - DISCONTINUE

by COHOWLAA

Eff: 10/21/16 1000

EDIT DOCTOR: HOWLAND, AMANDA R MD

EDIT SOURCE: Provider Source

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 31

Patient	EFUNNUGA OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

SODI100019 - SODIUM CHLORIDE 0.9% 1,000 ML IV.SOLN - 1,000 ML

## Admin Route IV CONT

## Site

Volume	1,000	Rate	1,000 MLS/HR	Duration	1 HR
Start Date	10/20/16-1200	Stop Date	10/20/16 1259	DC Date	10/20/16-1259
Ordering Doctor	CHOWDHURY, JUNAD MD				
Last Bag	0				
Total Dispensed	0	Total Costs \$		Total Charges \$	
Rx Number	001888897				

Discontinue Comments Reached Stop Date

## History

10/20/16 1148 - POM ORDER	by COCHOWDJ
10/20/16 1151 - EDIT	by FIREALID
FROM:	
DUPLICATE COMMENT:	
TO:	
DUPLICATE COMMENT: RPH	
10/20/16 1151 - VERIFIED	by FIREALID
10/20/16 1259 - DISCONTINUE	by PHABKGJOB Eff: 10/20/16 1259
FROM:	
DC COMMENTS:	
TO:	
DC COMMENTS:	
Reached Stop Date	

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/20/16	1211	FIGILMAD	Y			1	0.00
(10/20/16) (1200) Rate: 1,000 MLS/HR							

Admin Totals

1 0

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 32

Patient	EFUNNUGA OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

SODI500I21 - SODIUM CHLORIDE 0.9% 500 ML IV.SOLN - 500 ML

## Admin Route IV CONT

## Site

Volume	500	Rate	1.000 MLS/HR	Duration	30 MIN
Start Date	10/20/16-1915	Stop Date	10/20/16 1944	DC Date	10/20/16-1944
Ordering Doctor	GEVORGYAN, DAVID MD				
Last Bag	0				
Total Dispensed	0	Total Costs \$		Total Charges \$	
Rx Number	001889326				

Discontinue Comments Reached Stop Date

## History

10/20/16 1914 - POM ORDER	by COGEVORD	
10/20/16 1916 - VERIFIED	by FILINC	
10/20/16 1944 - DISCONTINUE	by PHABKGJOB	Eff: 10/20/16 1944
FROM:		
DC COMMENTS:		
TO:		
DC COMMENTS:		
Reached Stop Date		

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/20/16		1929 FIDONAHS	Y			1	0.00
(10/20/16) (1915) Rate: 1.000 MLS/HR							

Admin Totals

1 0



DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 33

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

SODI100019 - SODIUM CHLORIDE 0.9% 1,000 ML IV.SOLN - 1,000 ML

## Admin Route IV CONT

## Site

Volume	1,000	Rate	1,000 MLS/HR	Duration	1 HR
Start Date	10/20/16-2215	Stop Date	10/20/16 2314	DC Date	10/20/16-2314
Ordering Doctor	GEVORGAN, DAVID MD				
Last Bag	0				
Total Dispensed	0	Total Costs \$		Total Charges \$	
Rx Number	001889441				

Discontinue Comments Reached Stop Date

## History

10/20/16 2203 - POM ORDER	by COGEVORD
10/20/16 2207 - EDIT	by FISPERAR
FROM:	
DUPLICATE COMMENT:	
TO:	
DUPLICATE COMMENT: BS	
10/20/16 2207 - VERIFIED	by FISPERAR
10/20/16 2314 - DISCONTINUE	by PHABKGJOB Eff: 10/20/16 2314
FROM:	
DC COMMENTS:	
TO:	
DC COMMENTS:	
Reached Stop Date	

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/20/16	2233	FIDONAH	Y			1	0.00
(10/20/16) (2215) Rate: 1,000 MLS/HR							

Admin Totals

1 0

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 34

Patient	EFUNNUGA OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Unit Number	F001250247		
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

SODI100019 - SODIUM CHLORIDE 0.9% 1,000 ML IV.SOLN - 1,000 ML

Admin Route IV CONT

Site

Volume 1,000

Rate 1,000 MLS/HR

Duration 1 HR

Start Date 10/22/16-0715

Stop Date 10/22/16 0814

DC Date 10/22/16-0814

Ordering Doctor CHOWDHURY, JUNAD MD

Last Bag 0

Total Dispensed 0

Total Costs \$

Total Charges \$

Rx Number 001890815

Discontinue Comments Reached Stop Date

## History

10/22/16 0710 - POM ORDER

by COCHOWDJ

10/22/16 0711 - EDIT

by FILINC

FROM:

DUPLICATE COMMENT:

TO:

DUPLICATE COMMENT: RPH

10/22/16 0711 - VERIFIED

by FILINC

10/22/16 0814 - DISCONTINUE

by PHABKGJOB

Eff: 10/22/16 0814

FROM:

DC COMMENTS:

TO:

DC COMMENTS:

Reached Stop Date

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/22/16	0734	FICAVANM1	Y			1	0.00
(10/22/16) (0715) Rate: 1,000 MLS/HR							

Admin Totals

1

0

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 35

Patient	EFUNNUGA OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

SODI100019 - SODIUM CHLORIDE 0.9% 1,000 ML IV SOLN - 1,000 ML

Admin Route IV CONT

Site

Volume 1,000

Rate 1,000 MLS/HR

Duration 1 HR

Start Date 10/22/16-0915

Stop Date 10/22/16 1014

DC Date 10/22/16-1014

Ordering Doctor MANN, RUPINDER K MD

Last Bag 0

Total Dispensed 0

Total Costs \$

Total Charges \$

Rx Number 001890869

Discontinue Comments Reached Stop Date

## History

10/22/16 0902 - POM ORDER

by COMANNR

10/22/16 0903 - EDIT

by FILINC

FROM:

DUPLICATE COMMENT:

TO:

DUPLICATE COMMENT: RPH

10/22/16 0903 - VERIFIED

by FILINC

10/22/16 1014 - DISCONTINUE

by PHABKGJOB

Eff: 10/22/16 1014

FROM:

DC COMMENTS:

TO:

DC COMMENTS:

Reached Stop Date

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/22/16	0908	FICAVANM1	Y			1	0.00
(10/22/16) (0915) Rate: 1,000 MLS/HR							

Admin Totals

1

0

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 36

Patient	EFUNNUGA OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

SODI500I21 - SODIUM CHLORIDE 0.9% 500 ML IV.SOLN - 500 ML

Admin Route IV CONT

Site

Volume 500

Rate 1.000 MLS/HR

Duration 30 MIN

Start Date 10/23/16-0345

Stop Date 10/23/16 0414

DC Date 10/23/16-0414

Ordering Doctor GOOCH, JOHN R MD

Last Bag 0

Total Dispensed 0

Total Costs \$

Total Charges \$

Rx Number 001891486

Discontinue Comments Reached Stop Date

## History

10/23/16 0346 - POM ORDER

by COGOOCHJ

10/23/16 0352 - VERIFIED

by FISPERAR

10/23/16 0414 - DISCONTINUE

by PHABKGJOB

Eff: 10/23/16 0414

FROM:

DC COMMENTS:

TO:

DC COMMENTS:

Reached Stop Date

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/23/16	0358	FIDONAHS	Y			1	0.00
(10/23/16) (0345) Rate: 1.000 MLS/HR							

Admin Totals

1

0

DATE: 11/03/16 @ 0002  
USER: MT

Mercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 37

Patient	EFUNNUGA OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

SODI500I21 - SODIUM CHLORIDE 0.9% 500 ML IV SOLN - 500 ML

**Admin Route IV CONT**

**Site**

Volume	500	Rate	1,000 MLS/HR	Duration	30 MIN
Start Date	10/23/16-0515	Stop Date	10/23/16 0544	DC Date	10/23/16-0544
Ordering Doctor	GOOCH, JOHN R MD				
Last Bag	0				
Total Dispensed	0	Total Costs \$	Total Charges \$		
Rx Number	001891500				

Discontinue Comments Reached Stop Date

**History**

10/23/16 0506 - POM ORDER	by COGOOCHJ	
10/23/16 0533 - VERIFIED	by FISPERAR	
10/23/16 0544 - DISCONTINUE	by PHABKGJOB	Eff: 10/23/16 0544

FROM:

DC COMMENTS:

TO:

DC COMMENTS:

Reached Stop Date

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/23/16	0539	FIDONAH	Y			1	0.00
(10/23/16) (0515) Rate: 1,000 MLS/HR							

Admin Totals

1 0



DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 38

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

PROP10VI9 - PROPOFOL 1000 MG/100 ML VIAL - 100 ML

## Admin Route IV CONT

Site

Volume 100 Rate 0 MLS/HR

Duration 0 SEC

Frequency .QOM (PRN) PAR= PRN REASON: rass 0 to -1

Start Date 10/24/16-1645

Stop Date None

DC Date 10/25/16-1007

Ordering Doctor GEVORGAN, DAVID MD

Last Bag 0

Total Dispensed 1

Total Costs \$21.35

Total Charges \$176.00

Rx Number 001892970

## Protocol

ConditionDose/Rate/RouteInstruction

SEDATION

START @5 MCG/KG/MIN

TITRATE TO RASS GOAL

TITRATION IF NEEDED

5 MCG/KG/MIN Q10MIN

MAXIMUM DOSE 50 MCG/KG/MIN

## Warnings

Type:

MAINTENANCE

Range:

PROPOFOL (10 MG/1 ML)

Condition:

ALL COMMON INDICATIONS

Warnings

PROP10VI9: Unable to check dose ranges for MCG/KG/MIN (No Duration).

## History

10/24/16 1647 - POM ORDER

by COGEVORD

10/24/16 1647 - MERGEDM

by SYSTEM

Items Dispensed: on: 10/24/16-1646 Dispensing Machine: SPAV User: HBEURKET

10/24/16 1650 - VERIFIED

by FIANDERC

10/24/16 1650 - DEBIT

by HBEURKET

ITEMS: 1 DOSES: 1

10/24/16 1650 - EVALDM

by FIANDERC

Dispensing machine transaction merged

Items Dispensed: on: 10/24/16-1646 Dispensing Machine: SPAV User: HBEURKET

10/24/16 1655 - EDIT

by FIBEURKH

FROM:

TITRATION DOSE UNITS:

TO:

TITRATION DOSE UNITS: MCG/KG/MIN

10/24/16 1655 - WEIGHT BASED DOSING

by FIBEURKH

Ordered Rate: 0 MCG/KG/MIN

Calculated Patient Weight: 93 KG

(Height: 170.18 CM, Weight: 93 KG, Method: Actual Body Weight)

Rate: 0 MLS/HR

10/25/16 1008 - DISCONTINUE

by COGEVORD

Eff: 10/25/16 1007

EDIT DOCTOR: GEVORGAN, DAVID MD

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 39

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

EDIT SOURCE: Provider Source

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/24/16	1655	FIBEURKH	Y			1	
COSIGNED BY: FIYOUNGS							
Rate: 22.32 MLS/HR							

Admin Totals

1

RING100010 - RINGERS SOLUTION, LACTATED 1,000 ML IV SOLN - 1,000 ML

Admin Route IV CONT

Site

Volume 1,000

Rate 60 MLS/HR

Duration 16 HR 40 MIN

Start Date 10/24/16-1800

Stop Date 10/24/16 1800

DC Date 10/24/16-1800

Ordering Doctor MARCOE, JEFFREY P MD

Last Bag 0

Total Dispensed 0

Total Costs \$

Total Charges \$

Rx Number 001893026

## History

10/24/16 1753 - EDIT

by COMARCOJ

EDIT DOCTOR: MARCOE, JEFFREY P MD

EDIT SOURCE: Provider Source

FROM:

START: 10/24/16-1800 STOP: None SOFT STOP:

TO:

START: 10/24/16-1800 STOP: 10/24/16-1800 SOFT STOP:

10/24/16 1753 - POM ORDER

by COMARCOJ

10/24/16 1753 - DISCONTINUE

by COMARCOJ

Eff: 10/24/16 1800

EDIT DOCTOR: MARCOE, JEFFREY P MD

EDIT SOURCE: Provider Source

10/24/16 1753 - VERIFIED

by SYSTEM

Verified in order to DC

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 40

Patient	EFUNNUGA OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

SODI100019 - SODIUM CHLORIDE 0.9% 1,000 ML IV SOLN - 1,000 ML

## Admin Route IV CONT

## Site

Volume	1,000	Rate	60 MLS/HR	Duration	16 HR 40 MIN
Start Date	10/24/16-1800	Stop Date	None	DC Date	10/25/16-0842
Ordering Doctor	MARCOE, JEFFREY P MD				
Last Bag	0				
Total Dispensed	0	Total Costs \$		Total Charges \$	
Rx Number	001893029				

## History

10/24/16 1753 - POM ORDER	by COMARCOJ
10/24/16 1756 - EDIT	by FIANDERC

## FROM:

DUPLICATE COMMENT:

## TO:

DUPLICATE COMMENT: RPH

10/24/16 1756 - VERIFIED	by FIANDERC	
10/25/16 0846 - DISCONTINUE	by COVALEND	Eff: 10/25/16 0842
EDIT DOCTOR: VALENTINO, DOMINIC J. DO		
EDIT SOURCE: Provider Source		

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/24/16	1800	FIYOUNGS	Y			1	0.00
(10/24/16) (1800) Rate: 60 MLS/HR							
10/25/16	0532	FIBURKEC	Y			1	0.00
(10/25/16) (1040) Rate: 60 MLS/HR							
Admin Totals						2	0

DATE: 11/03/16 @ 0002  
USER: MT

Mercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 41

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

DEXM200PB - DEXMEDETOMIDINE 200 MCG/ NSS 50 ML - 50 ML

**Admin Route IV CONT**

**Site**

Volume	50	Rate	0 MLS/HR	Duration	0 SEC
Frequency	.QOM (PRN) PAR= PRN REASON: RASS Goal 0 to -1				
Start Date	10/25/16-0845	Stop Date	None	DC Date	10/25/16-1623
Ordering Doctor	VALENTINO, DOMINIC J, DO				
Last Bag	0				
Total Dispensed	1	Total Costs	\$67.87	Total Charges	\$559.25
Rx Number	001893533				

**Protocol**

<u>Condition</u>	<u>Dose/Rate/Route</u>	<u>Instruction</u>
START @	0.2 MCG/KG/HR	TO RASS GOAL 0 to -1
RATE CHANGES SHOULD BE	NO > 0.1 MCG/KG/HR	Q 30 MIN
MAX RATE	1.2 MCG/KG/HR	
<u>Text</u>		
MUST BE ORDERED BY AN INTENSIVIST		

**Warnings**

Type: MAINTENANCE  
Range: DEXMEDETOMIDINE IN 0.9 % NACL (200 MCG/50 ML)  
Condition: ALL COMMON INDICATIONS  
Warnings: DEXM200PB: Unable to check dose ranges for MCG/KG/HR (No Duration).

**History**

10/25/16 0847 - POM ORDER	by COVALEND
10/25/16 0850 - EDIT	by FIJASINT
FROM:	
DUPLICATE COMMENT:	
TO:	
DUPLICATE COMMENT: RPH	
10/25/16 0850 - VERIFIED	by FIJASINT
10/25/16 0909 - DEBIT	by DGILMAN
ITEMS: 1 DOSES: 1	
10/25/16 0919 - EDIT	by FIGILMAD
FROM:	
TITRATION DOSE UNITS:	
TO:	
TITRATION DOSE UNITS: MCG/KG/HR	
10/25/16 0919 - WEIGHT BASED DOSING	by FIGILMAD
Ordered Rate: 0 MCG/KG/HR	
Calculated Patient Weight: 93 KG	
(Height: 170.18 CM, Weight: 93 KG, Method: Actual Body Weight)	
Rate: 0 MLS/HR	

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 42

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

10/25/16 1625 - DISCONTINUE by COREGANJ Eff: 10/25/16 1623  
 EDIT DOCTOR: REGAN, JOHN E MD  
 EDIT SOURCE: Provider Source

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/25/16	0919	FIGILMAD	Y			1	
COSIGNED BY: FIDALISA1							
Rate: 4.65 MLS/HR							

Admin Totals

1

SODI500I21 - SODIUM CHLORIDE 0.9% 500 ML IV SOLN - 500 ML

Admin Route IV CONT

Site

Volume 500

Rate 1,000 MLS/HR

Duration 30 MIN

Start Date 10/26/16-1045

Stop Date 10/26/16 1114

DC Date 10/26/16-1114

Ordering Doctor REGAN, JOHN E MD

Last Bag 0

Total Dispensed 0

Total Costs \$

Total Charges \$

Rx Number 001894695

Discontinue Comments Reached Stop Date

## History

10/26/16 1043 - POM ORDER

by COREGANJ

10/26/16 1050 - VERIFIED

by FIREALID

10/26/16 1114 - DISCONTINUE

by PHABKGJOB

Eff: 10/26/16 1114

FROM:

DC COMMENTS:

TO:

DC COMMENTS:

Reached Stop Date

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/26/16	1124	FIGILMAD	Y			1	0.00
(10/26/16) (1045) Rate: 1,000 MLS/HR							

Admin Totals

1

0

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 43

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

RING100010 - RINGERS SOLUTION, LACTATED 1,000 ML IV. SOLN - 1,000 ML

## Admin Route IV CONT

## Site

Volume	1,000	Rate	1,000 MLS/HR	Duration	1 HR
Start Date	10/27/16-0845	Stop Date	10/27/16 0944	DC Date	10/27/16-0944
Ordering Doctor	IRIARTE OPORTO, BLANCA E MD				
Last Bag	0				
Total Dispensed	0	Total Costs \$		Total Charges \$	
Rx Number	001895589				

Discontinue Comments Reached Stop Date

## History

10/27/16 0839 - POM ORDER	by COIRIATB	
10/27/16 0841 - VERIFIED	by FIANDERC	
10/27/16 0944 - DISCONTINUE	by PHABKGJOB	Eff: 10/27/16 0944

FROM:

DC COMMENTS:

TO:

DC COMMENTS:

Reached Stop Date

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/27/16	0854	FIMAXWEM	Y			1	0.00
(10/27/16) (0845) Rate: 1,000 MLS/HR							

Admin Totals

1 0



DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 44

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

SODI100019 - SODIUM CHLORIDE 0.9% 1,000 ML IV.SOLN - 1,000 ML

## Admin Route IV CONT

## Site

Volume 1,000 Rate 75 MLS/HR Duration 13 HR 20 MIN

Start Date 10/31/16-0745 Stop Date 11/01/16 1024 DC Date 11/01/16-1024

Total Volume to Infuse 2,000 mls

Total Bags 2

Ordering Doctor SHETH, VISHAD M MD

Last Bag 0

Total Dispensed 0 Total Costs \$ Total Charges \$

Rx Number 001898817

Discontinue Comments Reached Stop Date

## History

10/31/16 0745 - POM ORDER

by COSHETHV

10/31/16 0746 - EDIT

by FIJASINT

FROM:

DUPLICATE COMMENT:

TO:

DUPLICATE COMMENT: RPH

10/31/16 0746 - VERIFIED

by FIJASINT

11/01/16 0745 - RENEW STOP FILED

by SYSTEM

11/01/16 1024 - DISCONTINUE

by PHABKGJOB Eff: 11/01/16 1024

FROM:

DC COMMENTS:

TO:

DC COMMENTS:

Reached Stop Date

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/31/16	0855	FIMOSLEK	Y			1	0.00
(10/31/16) (0745) Rate: 75 MLS/HR							
10/31/16	2118	FITAGOED	Y			1	0.00
(10/31/16) (2105) Rate: 75 MLS/HR							

Admin Totals

2 0

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 45

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

THIA100V6 - THIAMINE HCL 200 MG/2 ML VIAL - 100 MG (1 ML)  
 FOLISVIA3 - FOLIC ACID 5 MG/ML 10ML - 1 MG (0.2 ML)  
 in SODI100I12 - SODIUM CHLORIDE 0.9% 100 ML IV SOLN - 100 ML

## Admin Route IV

Site

Volume 101.2

Rate 100 MLS/HR

Duration 1 HR 1 MIN

Start Date 10/07/16-1030

Stop Date None

DC Date 10/10/16-1245

Ordering Doctor BORIKAR, MADHURA S MD

Last Bag 4

Total Dispensed 4

Total Costs \$37.76

Total Charges \$353.00

Rx Number 001874059

## History

10/07/16 1031 - POM ORDER

by COBORIKM

10/07/16 1031 - NOW DOSE

by COBORIKM

Now Dose: 10/07/16 1030

10/07/16 1031 - KEEP NEXT DOSE

by COBORIKM

Keep Next Dose: 10/08/16 0900

10/07/16 1045 - VERIFIED

by FIRECEVM

Items Dispensed: 1 Doses Dispensed: 1

For: 10/07/16 - 1030

10/07/16 2145 - FILL

by

Items Dispensed: 1 Doses Dispensed: 1

For: 10/08/16 - 0900

10/08/16 2145 - FILL

by

Items Dispensed: 1 Doses Dispensed: 1

For: 10/09/16 - 0900

10/09/16 2145 - FILL

by

Items Dispensed: 1 Doses Dispensed: 1

For: 10/10/16 - 0900

10/10/16 1247 - DISCONTINUE

by COZHANGH

Eff: 10/10/16 1245

EDIT DOCTOR: ZHANG, HONGYU MD

EDIT SOURCE: Provider Source

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/07/16	1119	FIBRIGHM	Y			1	0.00
(10/07/16) (1030) Rate: 100 MLS/HR							
10/08/16	0909	FIBRIGHM	Y			1	0.00
(10/08/16) (0900) Rate: 100 MLS/HR							
10/09/16	0826	FIBRIGHM	Y			1	0.00
(10/09/16) (0900) Rate: 100 MLS/HR							
10/10/16	0827	FIHOKEL	Y			1	0.00
(10/10/16) (0900) Rate: 100 MLS/HR							

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 46

Patient	EFUNNUGA OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

Admin Totals

4 0

POTA20PI4 - POTASSIUM CHLORIDE 20 MEQ/100 ML PIGGYBACK - 100 ML

Admin Route IV

Site

Volume 100

Rate 50 MLS/HR

Duration 2 HR

Start Date 10/09/16-1015

Stop Date 10/09/16 1214

DC Date 10/09/16-1214

Ordering Doctor BORIKAR, MADHURA S MD

Last Bag 1

Total Dispensed 1

Total Costs \$1.90

Total Charges \$50.00

Rx Number 001875798

Discontinue Comments Reached Stop Date

History

10/09/16 1014 - POM ORDER

by COBORIKM

10/09/16 1016 - VERIFIED

by FIRECEVM

10/09/16 1030 - DEBIT

by MBRIGHT

ITEMS: 1 DOSES: 1

10/09/16 1214 - DISCONTINUE

by PHABKGJOB

Eff: 10/09/16 1214

FROM:

DC COMMENTS:

TO:

DC COMMENTS:

Reached Stop Date

Admin Date	Time	User	Given	Bag	Reason Code
------------	------	------	-------	-----	-------------

10/09/16 1033 FIBRIGHM Y

Items

Charge

1

0.00

(10/09/16) (1015) Rate: 50 MLS/HR

Admin Totals

1 0

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 47  
 USER: MT Medication Administration Summary

Patient **EFUNNUGA, OLUTOKUNBO** Responsible Doctor **LITTMAN, MARIO, MD**  
 Account Number **FA1307223089** Location **FI4PVA** Unit Number **F001250247**  
 Age/Sex **37/M** Room **411** Registered Date **10/07/16**  
 Status **DIS IN** Bed **02** Discharged Date **11/01/16**

EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued)

VANC1VIA12 - Vancomycin 1,000 MG/VIAL INJECTION - 1,750 MG  
 in SODI500I21 - SODIUM CHLORIDE 0.9% 500 ML IV.SOLN - 500 ML

**Admin Route IV**

Site  
 Volume 500 Rate 250 MLS/HR Duration 2 HR  
 Start Date 10/09/16-1030 Stop Date 10/09/16 1229 DC Date 10/09/16-1229  
 Ordering Doctor **BORIKAR, MADHURA S MD**  
 Clinical Indication **INFECTION - UNSPECIFIED**  
 Last Bag 1  
 Total Dispensed 1 Total Costs \$33.85 Total Charges \$328.00  
 Rx Number 001875820

**Warnings**

Type: SINGLE DOSE  
 Range: VANCOMYCIN HCL (1 GM)  
 Condition: ALL COMMON INDICATIONS  
 Daily Dose Dosing range is 7.5 MG/KG/DAY - 30 MG/KG/DAY. Ordered dose of 0 MG/KG/DAY is below the Low Daily Dose. Factoring in variances, the range of values for this dose is Low: 683.12 MG High: 2,901.51 MG Max: 2,901.51 MG.

General Warnings Elimination half-life is 4 - 11 hours  
 Renal The patient's GLOMERULAR FILTRATION RATE is 57. This is lower than the 90 threshold, a drug dosage adjustment should be considered.

Discontinue Comments Reached Stop Date

**History**

10/09/16 1025 - POM ORDER by COBORIKM  
 10/09/16 1026 - EDIT by FIRECEVM  
 FROM:  
 DUPLICATE COMMENT:  
 TO:  
 DUPLICATE COMMENT: RPH  
 10/09/16 1026 - VERIFIED by FIRECEVM  
 Items Dispensed: 1 Doses Dispensed: 1  
 For: 10/09/16 - 1030  
 10/09/16 1229 - DISCONTINUE by PHABKGJOB Eff: 10/09/16 1229  
 FROM:  
 DC COMMENTS:  
 TO:  
 DC COMMENTS:  
 Reached Stop Date

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/09/16	1034	FIBRIGHM	Y			1	0.00
(10/09/16) (1030) Rate: 250 MLS/HR							

DATE: 11/03/16 @ 0002 USER: MT		Mercy Fitzgerald Hospital PHA *LIVE* Medication Administration Summary		PAGE 48	
Patient <b>EFUNNUGA, OLUTOKUNBO</b>		Responsible Doctor <b>LITTMAN, MARIO, MD</b>			
Account Number	FA1307223089	Location	FI4PVA	Unit Number	F001250247
Age/Sex	37/M	Room	411	Registered Date	10/07/16
Status	DIS IN	Bed	02	Discharged Date	11/01/16
EFUNNUGA, OLUTOKUNBO		FA1307223089		(Continued)	
Admin Totals				1	0
VANC1.5P - VANCOMYCIN 1.5 Gram /500 ML NSS PIGGYBACK - 500 ML					
Admin Route IV					
Site					
Volume	500	Rate	250 MLS/HR	Duration	2 HR
Start Date	10/09/16-2100	Stop Date	None	DC Date	10/10/16-1225
Ordering Doctor	BORIKAR, MADHURA S MD				
Clinical Indication INFECTION - UNSPECIFIED					
Last Bag	2				
Total Dispensed	2	Total Costs	\$14.00	Total Charges	\$115.50
Rx Number	001875821				
History					
10/09/16 1025 - POM ORDER		by COBORIKM			
10/09/16 1026 - EDIT		by FIRECEVM			
FROM:					
DUPLICATE COMMENT:					
TO:					
DUPLICATE COMMENT: RPH					
10/09/16 1026 - VERIFIED		by FIRECEVM			
10/09/16 2133 - DEBIT		by DMCDEVITT			
ITEMS: 1 DOSES: 1					
10/10/16 0759 - DEBIT		by LHOKE			
ITEMS: 1 DOSES: 1					
10/10/16 1229 - DISCONTINUE		by CORUSSDA		Eff: 10/10/16 1225	
EDIT DOCTOR: RUSSELL, DAVID T DO					
EDIT SOURCE: Provider Source					
<u>Admin Date</u>	<u>Time</u>	<u>User</u>	<u>Given</u>	<u>Bag</u>	<u>Reason Code</u>
10/09/16	2136	FIMCDEVD	Y		
(10/09/16) (2100) Rate: 250 MLS/HR					
10/10/16	0859	FIHOKEL	Y		
(10/10/16) (0900) Rate: 250 MLS/HR					
Admin Totals				2	0

DATE: 11/03/16 @ 0002 USER: MT		Mercy Fitzgerald Hospital PHA *LIVE* Medication Administration Summary		PAGE 49	
Patient <b>EFUNNUGA OLUTOKUNBO</b>		Responsible Doctor LITTMAN, MARIO, MD			
Account Number	FA1307223089	Location	FI4PVA	Unit Number	F001250247
Age/Sex	37/M	Room	411	Registered Date	10/07/16
Status	DIS IN	Bed	02	Discharged Date	11/01/16
EFUNNUGA, OLUTOKUNBO		FA1307223089		(Continued)	
MAGN100I - MAGNESIUM SULFATE 1 Gram /100 ML NSS PIGGYBACK - 100 ML					
Admin Route IV					
Site					
Volume	100	Rate	100 MLS/HR	Duration	1 HR
Start Date	10/10/16-0830	Stop Date	10/10/16 0929	DC Date	10/10/16-0929
Ordering Doctor	BORIKAR, MADHURA S MD				
Last Bag	1				
Total Dispensed	1	Total Costs	\$1.73	Total Charges	\$50.00
Rx Number	001876647				
Discontinue Comments Reached Stop Date					
History					
10/10/16 0820 - POM ORDER		by COBORIKM			
10/10/16 0823 - VERIFIED		by FIANDERC			
10/10/16 0851 - DEBIT		by LHOKE			
ITEMS: 1 DOSES: 1					
10/10/16 0929 - DISCONTINUE		by PHABKGJOB		Eff: 10/10/16 0929	
FROM:					
DC COMMENTS:					
TO:					
DC COMMENTS:					
Reached Stop Date					
<u>Admin Date</u>	<u>Time</u>	<u>User</u>	<u>Given Bag</u>	<u>Reason Code</u>	<u>Items</u>
10/10/16	0858	FIHOKEL	Y		1
(10/10/16) (0830) Rate: 100 MLS/HR					
Admin Totals					0



DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 50

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

CEFT2FRO - cefTRIAxone SODIUM 2 Gram /100 ML NSS PIGGYBACK - 100 ML

## Admin Route IV

## Site

Volume	100	Rate	100 MLS/HR	Duration	1 HR
Start Date	10/10/16-1030	Stop Date	10/10/16 1350	DC Date	10/10/16-1350
Ordering Doctor	ASNANI, BHARTI, MD				
Clinical Indication	BACTEREMIA				
Last Bag	1				
Total Dispensed	1	Total Costs	\$6.86	Total Charges	\$56.75
Rx Number	001876911				

## History

10/10/16 1027 - POM ORDER	by COASNANB
10/10/16 1027 - NOW DOSE	by COASNANB
Now Dose: 10/10/16 1030	
10/10/16 1027 - KEEP NEXT DOSE	by COASNANB
Keep Next Dose: 10/11/16 0900	
10/10/16 1058 - VERIFIED	by FIREALID
10/10/16 1117 - DEBIT	by LHOKE
ITEMS: 1 DOSES: 1	
10/10/16 1354 - EDIT	by COBORIKM
EDIT DOCTOR: BORIKAR, MADHURA S MD	
EDIT SOURCE: Provider Source	
FROM:	
START: 10/10/16-1030 STOP: None SOFT STOP:	
TO:	
START: 10/10/16-1030 STOP: 10/10/16-1350 SOFT STOP:	
10/10/16 1354 - DISCONTINUE	by COBORIKM Eff: 10/10/16 1350
EDIT DOCTOR: BORIKAR, MADHURA S MD	
EDIT SOURCE: Provider Source	
10/10/16 1355 - POM COPY AND EDIT	by COBORIKM
TO: Rx #U001133759	

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/10/16	1124	FIHOKEL	Y			1	0.00
(10/10/16) (1030) Rate: 100 MLS/HR							

Admin Totals

1 0

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 51

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

CEFT2FRO - cefTRIAxone SODIUM 2 Gram /100 ML NSS PIGGYBACK - 100 ML

## Admin Route IV

## Site

Volume	100	Rate	100 MLS/HR	Duration	1 HR
Start Date	10/10/16-2100	Stop Date	None	DC Date	10/12/16-1438

Ordering Doctor BORIKAR, MADHURA S MD

Clinical Indication BACTEREMIA

Last Bag 4

Total Dispensed 5 Total Costs \$34.30 Total Charges \$283.75

Rx Number 001877122

Discontinue Comments D\C PER DR MCNAMEE

## History

10/10/16 1355 - POM COPY AND EDIT by COBORIKM

FROM: Rx #001876911

Result of Frequency/Schedule Edit

Ordering Doctor: BORIKAR, MADHURA S MD

Last Scheduled Administration Time: 10/10/16 - 1030

Last Actual Administration Time: 10/10/16 - 1124

Old Freq/Sch: DAILY (SCH)

New Freq/Sch: Q12 (SCH)

Old Order Stop: 10/10/16 - 1350

New Order Start: 10/10/16 - 2100

New Order Stop:

10/10/16 1358 - VERIFIED by FIREALID

10/10/16 2036 - DEBIT by SYOUNG

ITEMS: 1 DOSES: 1

10/11/16 0823 - DEBIT by LHOKE

ITEMS: 1 DOSES: 1

10/11/16 2011 - DEBIT by SYOUNG

ITEMS: 1 DOSES: 1

10/12/16 0815 - DEBIT by LHOKE

ITEMS: 1 DOSES: 1

10/12/16 0849 - DEBIT by LHOKE

ITEMS: 1 DOSES: 1

10/12/16 1438 - DISCONTINUE by FIREALID Eff: 10/12/16 1438

EDIT DOCTOR: BORIKAR, MADHURA S MD

FROM:

DC COMMENTS:

TO:

DC COMMENTS:

D\C PER DR MCNAMEE

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/10/16	2048	FIYOUNGS	Y			1	0.00
(10/10/16) (2100) Rate: 100 MLS/HR							

DATE: 11/03/16 @ 0002  
USER: MT

Mercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 52

Patient	EFUNNUGA OLUTOKUNBO		Responsible Doctor	LITTMAN, MARIO, MD	
Account Number	FA1307223089	Location	FI4PVA	Unit Number	F001250247
Age/Sex	37/M	Room	411	Registered Date	10/07/16
Status	DIS IN	Bed	02	Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

10/11/16	0843 FIHOKEL	Y	1	0.00
(10/11/16) (0900) Rate: 100 MLS/HR				
10/11/16	2023 FIYOUNGS	Y	1	0.00
(10/11/16) (2100) Rate: 100 MLS/HR				
10/12/16	0904 FIHOKEL	Y	1	0.00
(10/12/16) (0900) Rate: 100 MLS/HR				

Admin Totals

4 0

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 53

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

VANC1.5P - VANCOMYCIN 1.5 Gram /500 ML NSS PIGGYBACK - 500 ML

## Admin Route IV

## Site

Volume	500	Rate	250 MLS/HR	Duration	2 HR
Start Date	10/10/16-2100	Stop Date	10/11/16 0806	DC Date	10/11/16-0806
Ordering Doctor	BORIKAR, MADHURA S MD				
Clinical Indication	CNS INFECTION				
Last Bag	1				
Total Dispensed	1	Total Costs	\$7.00	Total Charges	\$57.75
Rx Number	001877129				

## History

10/10/16 1355 - POM ORDER	by COBORIKM
10/10/16 1404 - VERIFIED	by FIREALID
10/10/16 2036 - DEBIT	by SYOUNG
ITEMS: 1 DOSES: 1	
10/11/16 0810 - EDIT	by COZHANGH
EDIT DOCTOR: ZHANG, HONGYU MD	
EDIT SOURCE: Provider Source	
FROM:	
START: 10/10/16-2100 STOP: None SOFT STOP:	
TO:	
START: 10/10/16-2100 STOP: 10/11/16-0806 SOFT STOP:	
10/11/16 0810 - DISCONTINUE	by COZHANGH Eff: 10/11/16 0806
EDIT DOCTOR: ZHANG, HONGYU MD	
EDIT SOURCE: Provider Source	
10/11/16 0810 - POM COPY AND EDIT	by COZHANGH
TO: Rx #U001134399	

Admin Date	Time	User	Given	Bag	Reason	Code	Items	Charge
10/10/16	2144	FIYOUNGS	Y				1	0.00
(10/10/16) (2100) Rate: 250 MLS/HR								

Admin Totals

1 0

DATE: 11/03/16 @ 0002  
USER: MT

Mercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 54

Patient	EFUNNUGA OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Unit Number	F001250247		
Age/Sex	37/M	Room	411
Registered Date	10/07/16		
Status	DIS IN	Bed	02
Discharged Date	11/01/16		

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

VANC1.5P - VANCOMYCIN 1.5 Gram /500 ML NSS PIGGYBACK - 500 ML

**Admin Route IV**

**Site**

Volume	500	Rate	250 MLS/HR	Duration	2 HR
Start Date	10/11/16-0815	Stop Date	None	DC Date	10/12/16-1434

Ordering Doctor ZHANG, HONGYU MD

Clinical Indication CNS INFECTION

Last Bag 1

Total Dispensed	4	Total Costs	\$28.00	Total Charges	\$231.00
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Rx Number 001877964

**Warnings**

Type: MAINTENANCE

Range: VANCOMYCIN/0.9 % SOD CHLORIDE (1.5 G/500 ML)

Condition: ALL COMMON INDICATIONS

Daily Dose Maximum Daily Dose is 4,000 MG/DAY. Ordered dose of 4,500 MG/DAY exceeds the Maximum Daily Dose. Factoring in variances, the range of values for this dose is Low: 1,353.15 GM High: 5,747.4 GM.

General Warnings Elimination half-life is 4 - 11 hours

Renal The Patient's GLOMERULAR FILTRATION RATE is > 60. The result can not be compared against the threshold.

Discontinue Comments D\C per dr mcnamee.

**History**

10/11/16 0810 - POM COPY AND EDIT by COZHANGH

FROM: Rx #001877129

Result of Frequency/Schedule Edit

Ordering Doctor: ZHANG, HONGYU MD

Last Scheduled Administration Time: 10/10/16 - 2100

Last Actual Administration Time: 10/10/16 - 2144

Old Freq/Sch: Q12 (SCH)

New Freq/Sch: Q8 (SCH)

Old Order Stop: 10/11/16 - 0806

New Order Start: 10/11/16 - 0815

New Order Stop:

10/11/16 0810 - NOW DOSE by COZHANGH

Now Dose: 10/11/16 0815

10/11/16 0810 - KEEP NEXT DOSE by COZHANGH

Keep Next Dose: 10/11/16 1300

10/11/16 0817 - VERIFIED by FIREALID

10/11/16 0841 - DEBIT by LHOKE

ITEMS: 1 DOSES: 1

10/11/16 1132 - DEBIT by LHOKE

ITEMS: 1 DOSES: 1

10/11/16 2024 - DEBIT by FILINC

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 55

Patient	EFUNNUGA OLUTOKUNBO		Responsible Doctor	LITTMAN, MARIO, MD	
Account Number	FA1307223089	Location	FI4PVA	Unit Number	F001250247
Age/Sex	37/M	Room	411	Registered Date	10/07/16
Status	DIS IN	Bed	02	Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

ITEMS: 1  
10/12/16 0422 - DEBIT by FISACKSM

ITEMS: 1  
10/12/16 1435 - DISCONTINUE by FIREALID Eff: 10/12/16 1434

EDIT DOCTOR: ZHANG, HONGYU MD  
FROM:  
DC COMMENTS:  
TO:  
DC COMMENTS:  
D\C per dr mcnamee.

<u>Admin Date</u>	<u>Time</u>	<u>User</u>	<u>Given</u>	<u>Bag</u>	<u>Reason Code</u>	<u>Items</u>	<u>Charge</u>
10/11/16	0927	FIHOKEL	Y			1	0.00
(10/11/16) (0815) Rate: 250 MLS/HR							
10/11/16	1229	FIHOKEL	Y			1	0.00
(10/11/16) (1300) Rate: 250 MLS/HR							
10/11/16	2112	FIYOUNGS	Y			1	0.00
(10/11/16) (2100) Rate: 250 MLS/HR							
10/12/16	0453	FIDAMATV	Y			1	0.00
(10/12/16) (0500) Rate: 250 MLS/HR							
<b>Admin Totals</b>						<u>4</u>	<u>0</u>



DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 56

Patient	EFUNNUGA OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

CEFA1FRO - ceFAZolin 1 GM/NSS 50 ML BAG - 50 ML

## Admin Route IV

## Site

Volume	50	Rate	100 MLS/HR	Duration	30 MIN
Start Date	10/12/16-1437	Stop Date	None	DC Date	10/14/16-1729
Ordering Doctor	MCNAMEE JR, WILLIAM B, MD				
Clinical Indication	PULMONARY/LRTI				
Last Bag	6				
Total Dispensed	6	Total Costs	\$42.00	Total Charges	\$346.50
Rx Number	001879987				

## History

10/12/16 1438 - ENTER	by FIREALID
10/12/16 1438 - NOW DOSE	by FIREALID
Now Dose: 10/12/16 1437	
10/12/16 1438 - KEEP NEXT DOSE	by FIREALID
Keep Next Dose: 10/12/16 2100	
10/12/16 2031 - DEBIT	by MMCGILL
ITEMS: 1 DOSES: 1	
10/13/16 0452 - DEBIT	by VDAMATO
ITEMS: 1 DOSES: 1	
10/13/16 1121 - DEBIT	by LHOKE
ITEMS: 1 DOSES: 1	
10/13/16 2026 - DEBIT	by MMCGILL
ITEMS: 1 DOSES: 1	
10/14/16 0404 - DEBIT	by VDAMATO
ITEMS: 1 DOSES: 1	
10/14/16 1215 - DEBIT	by LHOKE
ITEMS: 1 DOSES: 1	
10/14/16 1731 - DISCONTINUE	by COGILBEM
EDIT DOCTOR: GILBERT, MARK, MD	Eff: 10/14/16 1729
EDIT SOURCE: Provider Source	

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/12/16	2152	FIMCGILM	Y			1	0.00
(10/12/16) (1437) Rate: 100 MLS/HR							
10/12/16	2154	FIMCGILM	Y			1	0.00
(10/12/16) (2100) Rate: 100 MLS/HR							
10/13/16	0614	FIDAMATV	Y			1	0.00
(10/13/16) (0500) Rate: 100 MLS/HR							
10/13/16	1127	FIHOKEL	Y			1	0.00
(10/13/16) (1300) Rate: 100 MLS/HR							

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 57  
 USER: MT Medication Administration Summary

Patient **EFUNNUGA, OLUTOKUNBO** Responsible Doctor **LITTMAN, MARIO, MD**  
 Account Number **FA1307223089** Location **FI4PVA** Unit Number **F001250247**  
 Age/Sex **37/M** Room **411** Registered Date **10/07/16**  
 Status **DIS IN** Bed **02** Discharged Date **11/01/16**

EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued)

10/13/16	2043 FIMCGILM	Y	1	0.00
(10/13/16) (2100) Rate: 100 MLS/HR				
10/14/16	0528 FIDAMATV	Y	1	0.00
(10/14/16) (0500) Rate: 100 MLS/HR				
10/14/16	1226 FIHOKEL	Y	1	0.00
(10/14/16) (1300) Rate: 100 MLS/HR				
Admin Totals			7	0

AMPI2GMPB - AMPICILLIN SODIUM 2 GM/100 ML NSS PIGGYBACK - 100 ML

Admin Route IV

Site  
 Volume 100 Rate 200 MLS/HR Duration 30 MIN  
 Start Date 10/14/16-2100 Stop Date 10/14/16 2100 DC Date 10/14/16-2100  
 Ordering Doctor GILBERT, MARK, MD  
 Clinical Indication BACTEREMIA  
 Last Bag 0  
 Total Dispensed 0 Total Costs \$ Total Charges \$  
 Rx Number 001882463

History

10/14/16 1731 - POM ORDER by COGILBEM  
 10/14/16 1733 - VERIFIED by FILINC  
 10/14/16 1734 - EDIT by COGILBEM  
 EDIT DOCTOR: GILBERT, MARK, MD  
 EDIT SOURCE: Provider Source  
 FROM:  
 START: 10/14/16-2100 STOP: None SOFT STOP:  
 TO:  
 START: 10/14/16-2100 STOP: 10/14/16-2100 SOFT STOP:  
 10/14/16 1735 - DISCONTINUE by COGILBEM Eff: 10/14/16 2100  
 EDIT DOCTOR: GILBERT, MARK, MD  
 EDIT SOURCE: Provider Source

DATE: 11/03/16 @ 0002  
USER: MT

Mercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 58

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

GENT40VI - GENTAMICIN SULFATE 80 MG/2 ML INJECTION - 110 MG (2.75 ML)  
in SODI50IV12 - SODIUM CHLORIDE 0.9% 50 ML IV SOLN - 50 ML

Admin Route IV

Site

Volume 52.75 Rate 100 MLS/HR Duration 31 MIN 39 SEC

Start Date 10/14/16-2100 Stop Date None DC Date 10/20/16-1049

Ordering Doctor GILBERT, MARK, MD

Clinical Indication BACTEREMIA

Last Bag 17

Total Dispensed 17 Total Costs \$54.91 Total Charges \$1317.50

Rx Number 001882464

History

10/14/16 1731 - POM ORDER by COGILBEM

10/14/16 1733 - EDIT by FILINC

FROM:

DUPLICATE COMMENT:

TO:

DUPLICATE COMMENT: RPH

10/14/16 1733 - VERIFIED by FILINC

Items Dispensed: 1 Doses Dispensed: 1

For: 10/14/16 - 2100

10/14/16 2145 - FILL by

Items Dispensed: 1 Doses Dispensed: 1

For: 10/15/16 - 0500

10/15/16 0705 - FILL by

Items Dispensed: 1 Doses Dispensed: 1

For: 10/15/16 - 1300

10/15/16 1445 - FILL by

Items Dispensed: 1 Doses Dispensed: 1

For: 10/15/16 - 2100

10/15/16 2145 - FILL by

Items Dispensed: 1 Doses Dispensed: 1

For: 10/16/16 - 0500

10/16/16 0705 - FILL by

Items Dispensed: 1 Doses Dispensed: 1

For: 10/16/16 - 1300

10/16/16 1445 - FILL by

Items Dispensed: 1 Doses Dispensed: 1

For: 10/16/16 - 2100

10/16/16 2145 - FILL by

Items Dispensed: 1 Doses Dispensed: 1

For: 10/17/16 - 0500

10/17/16 0705 - FILL by

Items Dispensed: 1 Doses Dispensed: 1

For: 10/17/16 - 1300

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 59

Patient	EFUNNUGA, OLUTOKUNBO	Responsible Doctor	LITTMAN, MARIO, MD
Account Number	FA1307223089	Location	FI4PVA
Age/Sex	37/M	Room	411
Status	DIS IN	Bed	02
		Unit Number	F001250247
		Registered Date	10/07/16
		Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

10/17/16 1445 - FILL		by	
Items Dispensed: 1	Doses Dispensed: 1		
For: 10/17/16 - 2100			
10/17/16 2145 - FILL		by	
Items Dispensed: 1	Doses Dispensed: 1		
For: 10/18/16 - 0500			
10/18/16 0705 - FILL		by	
Items Dispensed: 1	Doses Dispensed: 1		
For: 10/18/16 - 1300			
10/18/16 1445 - FILL		by	
Items Dispensed: 1	Doses Dispensed: 1		
For: 10/18/16 - 2100			
10/18/16 2145 - FILL		by	
Items Dispensed: 1	Doses Dispensed: 1		
For: 10/19/16 - 0500			
10/19/16 0705 - FILL		by	
Items Dispensed: 1	Doses Dispensed: 1		
For: 10/19/16 - 1300			
10/19/16 1445 - FILL		by	
Items Dispensed: 1	Doses Dispensed: 1		
For: 10/19/16 - 2100			
10/19/16 2145 - FILL		by	
Items Dispensed: 1	Doses Dispensed: 1		
For: 10/20/16 - 0500			
10/20/16 0705 - FILL		by	
Items Dispensed: 1	Doses Dispensed: 1		
For: 10/20/16 - 1300			
10/20/16 1049 - COPY AND EDIT		by FIREALID	
TO: Rx #001888813			
10/20/16 1049 - DISCONTINUE		by FIREALID	Eff: 10/20/16 1049
Items Auto Credited: 1	Doses Auto Credited: 1		
For: 10/20/16 - 1300			
EDIT DOCTOR: GILBERT, MARK, MD			

Admin Date	Time	User	Given	Bag	Reason Code	Items	Charge
10/14/16	2023	FIMCCORJ	Y			1	0.00
(10/14/16) (2100) Rate: 100 MLS/HR							
10/15/16	0516	FIMCCORJ	Y			1	0.00
(10/15/16) (0500) Rate: 100 MLS/HR							
10/15/16	1218	FIBEURKH	Y			1	0.00
(10/15/16) (1300) Rate: 100 MLS/HR							
10/15/16	2025	FIREVAKN	Y			1	0.00
(10/15/16) (2100) Rate: 100 MLS/HR							
10/16/16	0436	FIREVAKN	Y			1	0.00
(10/16/16) (0500) Rate: 100 MLS/HR							

DATE: 11/03/16 @ 0002  
USER: MTMercy Fitzgerald Hospital PHA \*LIVE\*  
Medication Administration Summary

PAGE 60

Patient	EFUNNUGA OLUTOKUNBO		Responsible Doctor	LITTMAN, MARIO, MD	
Account Number	FA1307223089	Location	FI4PVA	Unit Number	F001250247
Age/Sex	37/M	Room	411	Registered Date	10/07/16
Status	DIS IN	Bed	02	Discharged Date	11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

10/16/16	1221 FIBEURKH	Y	1	0.00
(10/16/16) (1300) Rate: 100 MLS/HR				
10/16/16	2207 FIREVAKN	Y	1	0.00
(10/16/16) (2100) Rate: 100 MLS/HR				
10/17/16	0443 FIREVAKN	Y	1	0.00
(10/17/16) (0500) Rate: 100 MLS/HR				
10/17/16	1505 FIMCCARD	Y	1	0.00
(10/17/16) (1300) Rate: 100 MLS/HR				
10/17/16	2111 FIROSSIA	Y	1	0.00
(10/17/16) (2100) Rate: 100 MLS/HR				
10/18/16	0526 FIROSSIA	Y	1	0.00
(10/18/16) (0500) Rate: 100 MLS/HR				
10/18/16	1235 FIYOUNGS	Y	1	0.00
(10/18/16) (1300) Rate: 100 MLS/HR				
10/18/16	2106 FIROSSIA	Y	1	0.00
(10/18/16) (2100) Rate: 100 MLS/HR				
10/19/16	0422 FIROSSIA	Y	1	0.00
(10/19/16) (0500) Rate: 100 MLS/HR				
10/19/16	1322 FIGILMAD	Y	1	0.00
(10/19/16) (1300) Rate: 100 MLS/HR				
10/19/16	2055 FIDONAHS	Y	1	0.00
(10/19/16) (2100) Rate: 100 MLS/HR				
10/20/16	0435 FIMCDEVD	Y	1	0.00
(10/20/16) (0500) Rate: 100 MLS/HR				

Admin Totals

17

0